

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 16 1997 8:00am
Secretary of State

DOCUMENT # F96000005779 (1)

1. Corporation Name
W. J. NOLAN & COMPANY, INC.

Principal Place of Business
2 WALL ST
NY NY 10005

Mailing Address
2 WALL ST
NY NY 10005-2001



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/05/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 13-3254402		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CLANCY, MARTIN 4875 N FEDERAL HWY FT LAUDERDALE FL 33308				10. Name and Address of New Registered Agent			
81 Name Barbara Baggett				82 Street Address (P.O. Box Number is Not Acceptable) 9600 West Sample Road			
83 Suite 503				84 City Coral Springs			
85 Zip Code 33065				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4/29/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NOLAN, WILLIAM J			1.2 NAME			
STREET ADDRESS	12 MARINA LN			1.3 STREET ADDRESS			
CITY- ST- ZIP	E HAMPTON NY 11937			1.4 CITY- ST- ZIP			
TITLE	DV	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHIRONIS, PAUL GEORGE			2.2 NAME			
STREET ADDRESS	2 BENSON DR			2.3 STREET ADDRESS			
CITY- ST- ZIP	MELVILLE NY 11747			2.4 CITY- ST- ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEENAN, NETTE			3.2 NAME			
STREET ADDRESS	15 FAIRFIELDS LN			3.3 STREET ADDRESS			
CITY- ST- ZIP	HUNTINGTON STATION NY 11748			3.4 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				4.2 NAME	Chief Financial Officer		
STREET ADDRESS				4.3 STREET ADDRESS	Stuart D. Appelton		
CITY- ST- ZIP				4.4 CITY- ST- ZIP	125 Thoreau Drive		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY- ST- ZIP				5.4 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY- ST- ZIP				6.4 CITY- ST- ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 212-406-1118
Date Daytime Phone

CR2E034 (9/96)