Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90065 016 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000005779

1. Corporation Name

W. J. NOLAN & COMPANY, INC.

44. J. 14C	DEAN & CONFANT, INC.								
Principal Place	e of Business	Mailing Address						HER ERRY 19	0): 16810 1611 1661
2 WALL ST		2 WALL ST							
NY NY 10005 NY NY 10005						DO NOT WRI	TE IN TUR	CDACE	
					2 Data la sament		TEIN INIS	SPACE	•
					3. Date Incorpora 11/05/1996				
					4. FEI Number		-	-	Applied For
Principal Place of Business 2a. Mailing Address				•	13-3254402)		⊢ +	Not Applicable
21	15.	Suite, Apt. #, etc.			13-3234402				5 Additional
Suite, Apt.	#, etc.	<u> </u>			5. Certifcate of Si	atus Desired			Required
City & State		City & State			6. Election Camp	aign Financing		\$5.0	0 May Be
	e	28			Trust Fund Co	-			d to Fees
23 Zip	Country	Zip	Country		8. This corporation		rent vear Inta	naible	
_ `	25	29 30	, ·		Personal Prope			☐Yes	⊡N ₀
24	9. Name and Address of Currer		`		10. Name and Ad	dress of New	Registered A	gent	
_			81	Name					
CT (CORPORATION SYSTEM		82	Ctus at Ad	dress (P.O. Box Number	r is Not Accent	ahle)		
1200 S PINE ISLAND RD PLANTATION FL 33324				Street Ad	oress (F.O. Box Numbe	is Not Accept	abic		
							-		
							_	Teel 2	ip Code
			84	City			FL	85 Z	ip Code
agent. I a SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations of the state o	itions of, Section 607.0505, Florida	Statutes	•	ired when reinstating)		DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CH	ANGES TO OF	FICERS AN		
TITLE	DP	DELETE	1.1 TITLE					☐ Chang	ge
NAME	NOLAN, WILLIAM J		1.2 NAME						
STREET ADDRESS	12 MARINA LN		1.3 STREET	TADORESS			•		
CITY-ST-ZIP	E HAMPTON NY 11937		14 CITY-S	T-ZIP			_		
TITLE	CF0	☐ DELETE	2.1 TITLE					⊡ Chang	ge
NAME	APPELSON, STUART D		22 NAME			_			
STREET ADDRESS	125 THOVEAU DRIVE		2.3 STREE	T ADDRESS	2 SHELTON C PRINCETON J	in -			
CITY-ST-ZIP	PLAINSBORO NJ		2. 4 CITY-5	ST-ZIP	PRINCETON J	J., N.J.	08223		
TITLE	OS	☐ DELETE	3.1 TITLE					☐ Chan	ge 🔲 Addition
NAME	KEENAN, IVETTE		3.2 NAME						
STREET ADDRESS	15 FAIRFIELDS LN		3.3 STREE	T ADDRESS					
CITY-ST-ZIP	HUNTINGTON STATION NY 1		3.4. CITY-5	ST-ZIP			_		
TITLE		☐ DELETE	4.1 TITLE					Chang	ge
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	TADORESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		, ,			
TITLE		☐ DELETE	5.1 TITLE					Chang	ge 🗌 Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDRESS					

14. I 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

214-406-1118

☐ Addition