FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G55669 (7)

1. Corporation Name
NOLYN CORP

Principal Place of Business
1210 SE 5TH ST.
~~1989 COQUINA WAY~~
DEERFIELD BEACH FL 33441
US

Mailing Address
1210 S.E 5TH ST.
~~1989 COQUINA WAY~~
DEERFIELD BEACH FL 33441
US

Certificate Sent To This Address

3. Date Incorporated or Qualified: 08/03/1983
3a. Date of Last Report: 04/28/1994

2. Previous Principal Place of Business
21
Street Apt. # or P.O.
22
City, State
23
24 25

2a. Mailing Address
26
Street Apt. # or P.O.
27
City, State
28
29 30

4. FEI Number: 59-2335169 — Applied For / Not Applicable

5. Certificate of Status Desired: [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees

8. The corporation has filed, or is required to file, a report for the preceding calendar year with the Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent
ISRAEL, EDWARD
~~1989 COQUINA WAY~~
~~CORAL SPRINGS FL 33065~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Not Acceptable): 1210 SE. 5th St.
83
84 City: Deerfield Beach FL 85 Zip Code: 33441

11. Pursuant to the provisions of section 607.0505 of the Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The registered office and registered agent listed below are accepted by the undersigned as registered office and registered agent, and are identical to those as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and agree to act in this capacity.

SIGNATURE

12. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
DP
ISRAEL, EDWARD
1210 SE 5TH ST.
DEERFIELD BEACH FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
NAME
Title
Street Address
City, State, Zip
[ ] Change [ ] Add

14. The undersigned hereby certifies that the information indicated on this report or supplemental report is true and accurate and that his/her electronic signature shall have the same legal effect as if made under oath; that he/she is an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Florida Statutes; and that his/her name appears above, or on an attachment with all other like empowered officers and directors, and the term of office for this period.

SIGNATURE: Edward Israel 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0284704 CP