

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

FILED
Jun 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H69246

1. Corporation Name

NICHOLSON & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified
07/31/1985

3a. Date of Last Report
04/30/1996

2. Principal Place of Business 21 NICHOLSON & ASSOCIATES, INC.	2a. Mailing Address 26 NICHOLSON & ASSOCIATES, INC.
Suite, Apt. #, etc. 22 822 MIRAMAR	Suite, Apt. #, etc. 27 P.O. BOX 510144
City & State 23 INDIALANTIC, FL	City & State 28 MELBOURNE BEACH, FL
Zip 24 32903	Country 25 U.S.
Zip 29 32951	Country 30 U.S.

4. FEI Number 59-2560329	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name E. PATRICK KENNY
82 Street Address (P.O. Box Number is Not Acceptable)
83 442 SANDY KEY
84 City MELBOURNE BEACH
85 Zip Code FL 32951

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, or both, 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 *E. Patrick Kenny* **E. PATRICK KENNY, SEC/TREA**

5/30/97

Signature typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLSON, CAROL	12 NAME	
STREET ADDRESS	442 SANDY KEY	13 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH, FL	14 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNY, E. PATRICK	22 NAME	
STREET ADDRESS	442 SANDY KEY	23 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH, FL	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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*****165.00**

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: *E. Patrick Kenny* **E. PATRICK KENNY**

5/30/97

407-725-9442

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/96)