

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J25184

(9)

1. Corporation Name

NOLAN AND ASSOCIATES, INC.

Principal Place of Business

851 N.E. 70TH ST.
BOCA RATON FL 33487

Mailing Address

851 N.E. 70TH ST.
BOCA RATON FL 33487



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

NOLAN, FRANCIS P. III
851 NORTHEAST 70TH STREET
BOCA RATON FL 33487

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature of Registered Agent or Secretary of State

Signature of Registered Agent or Secretary of State

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	☐ DELETE
NAME	NOLAN, FRANCIS P. III	
STREET ADDRESS	851 N.E. 70TH STREET	
CITY- ST- ZIP	BOCA RATON FL 33487	
TITLE	DV	☐ DELETE
NAME	NOLAN, FRANCIS P. IV	
STREET ADDRESS	851 N.E. 70TH STREET	
CITY- ST- ZIP	BOCA RATON FL 33487	
TITLE	DST	☐ DELETE
NAME	NOLAN, CLAIRE V.	
STREET ADDRESS	851 N.E. 70TH STREET	
CITY- ST- ZIP	BOCA RATON FL 33487	
TITLE	D	☐ DELETE
NAME	NOLAN, D. SEAN	
STREET ADDRESS	851 N.E. 70TH STREET	
CITY- ST- ZIP	BOCA RATON FL 33487	
TITLE	D	☐ DELETE
NAME	BATISTA, LOUISE NOLAN	
STREET ADDRESS	409 NE 107TH STREET	
CITY- ST- ZIP	MIAMI FL 33161	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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:

Claire V. Nolan Claire V. Nolan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/96

(407) 997-7657

CR2E034 (12/95)