Mailing Address

SUITES 203-304 FT. LAUDERDALE FL 33301

108 SE 8TH AVENUE

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

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PROFIT CORPORATION ANNUAL REPORT

1999

NOLAN REALTY, INC.

1. Corporation Name

Principal Place of Business

FT. LAUDERDALE FL 33301

Suite, Apt. #, etc.

City & State

2. Principal Place of Business

108 SE 8TH AVENUE SUITES 203-304

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Żip

DOCUMENT # K79135

Country

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90092 011 ***150.00

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<u></u>					
	DO NOT WRITE IN THIS SP	DO NOT WRITE IN THIS SPACE			
	3. Date Incorporated or Qualifed 04/05/1989				
	4. FEI Number 54-1497371	Applied For Not Applicable			
	5. Certifcate of Status Desired	8.75 Additional Fee Required			
-		\$5.00 May Be Added to Fees			
Country	8. This corporation owes the current year Intang Personal Property Tax.	ible Yes □No			

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent 81 Name NOLAN, K. MARCY P Street Address (P.O. Box Number is Not Acceptable) 82 NOLAN REALTY, INC. 108 SE 8TH AVE., STE 203/ 204 83 FT LAUD FL 33301 85 Zip Code 84 City

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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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature re	quired when reinstating) DATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DVT DELETE	1.1 TITLE	☐ Change ☐ Addition			
NAME	MOHLER, LISSA	1.2 NAME				
STREET ADDRESS	2501 HIBISCUS PLACE	1.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP				
TITLE	DP DELETE	2.1 TITLE	☐ Change ☐ Addition			
NAME	NOLAN, K. MARCY	2.2 NAME				
STREET ADDRESS	2501 HIBISCUS PLACE	2.3 STREET ADORESS				
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP				
πιΈ	DELETE	3.1 TITLE	☐ Change ☐ Addition			
NAME	NOLAN, AUDREY	3.2 NAME				
STREET ADDRESS	165 LYMAN PLACE	3.3 STREET ADDRESS				
CITY-ST-ZIP	ENGLEWOOD NJ	3.4. CITY-ST-ZIP				
TITLE	D DELETE	4.1 TITLE	☐ Change ☐ Addition			
NAME	MOHLER, EDGAR	4. 2 NAME				
STREET ADDRESS	166 CLUB CIRCLE	4.3 STREET ADDRESS				
CITY-ST-ZIP	DANIELS WV	4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition			
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition			
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP		6.4 CITY-ST-ZIP				
14. Thereby 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 change or on an attachment with an address, with all other like empowered.