## 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 # P9400056077

1. Corporation Name

NOLAN INSURANCE SERVICES, INC.

Principal Place of Business	
316 NW 78TH AVE.	

## **FILED** Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90011 028 \*\*\*150.00



Principal Place	e of Business	Mailing Address							
316 NW 78TH A	316 NW 78TH AVE.								
PLANTATION FL	33324	PLANTATION FL 33324	PLANTATION FL 33324			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						07/28/1994			
2. Principal Pl	ace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number		plied For	
21		26				65-0508472 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional			
22		27	01:00			Lee Izedniso			
City & State	9	<b>⊢</b> ',''	City & State			6. Election Campaign Financing	\$5.00	· .	
23		28	Zip Country			Trust Fund Contribution Added to Fees			
Zip	Country 25	29	30			8. This corporation owes the current year Intangible Personal Property Tax.			
24	9. Name and Address of Curre	<del></del>	<u> </u>	I		10. Name and Address of New Registered A	gent	_	
	5. Haine and Addiese of Carre	it rogistorea rigorii		81	Name		.=		
	an, Josephine C			The state of the s					
316 NW 78TH AVE.				82	2 Street Address (P.O. Box Number is Not Acceptable)				
PLAN	NTATION FL 33324			83		the Barrier of the Ba			
					-04		85 Zip (	Code	
	•			84	City	FL	85 Zip (	2008	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ites, the a	bove	-named corpo	ration submits this statement for the purpose of c	hanging its	registered	
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	autnorized	oy t	tne corporatior	n's board of directors. I hereby accept the appoint	ment as re	gistered	
J.	in familial with, and accept the obliga	ations of, decision out .0000, if i	0,,00 000					ĺ	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registered	l Agent	1 signature required	when reinstating) DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	D .	☐ DELETE	1.1 TI	TLE			☐ Change	☐ Addition	
NAME	NOLAN, JOSEPHINE C		1.2 N	AME				ļ	
STREET ADDRESS	316 NW 78TH AVE.		1.3 ST	TREET.	ADDRESS			- 1	
CITY-ST-ZIP	PLANTATION FL 33324		1.4 C	TY-ST	-ZIP				
TITLE	DELETE 2.1 TI		TLE			Change	☐ Addition		
NAME			2.2 N	AME		·		ì	
STREET ADDRESS			2.3 S	TREET.	ADDRESS				
CITY-ST-ZIP			2.40	πγ-st	r-zip				
TITLE		☐ DELETE	3.1 TI	TLE		The second secon	Change	☐ Addition	
NAME			3.2 N	AME		•		1	
STREET ADDRESS			3.3 S	TREET	ADDRESS				
CITY-ST-ZIP			3.4. C	ITY-SI	r-ZIP				
TITLE		☐ DELETE	4.1 TI	TLE			Change	☐ Addition	
NAME			4. 2 N	IAME				ļ	
STREET ADORESS	,		4.3 S	TREET	ADDRESS			}	
CITY-ST-ZIP			4.4 C	TY-ST	-ZIP				
TITLE		☐ DELETE	5.1 T		1		☐ Change	Addition	
NAME .			5.2 N			•		Ì	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				TY-ST	-ZIP				
TITLE		☐ DELETE	6.1 TO	TLE			Change	☐ Addition	

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 a flual 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 receiper or trustee empowered to effect this report as required by Chapter 607, Florida Statutes; and that my same appears in Block 12 or Block 13 if shanged, or in an attention with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP '