

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

FILED

Mar 19 1997 8:00am
Secretary of State

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

DOCUMENT # P96000103463 (1)

1. Corporation Name
W.J. NOLAN ENTERPRISES, INC.



Principal Place of Business 4841 BAYVIEW DRIVE FT. LAUDERDALE FL 33308	Mailing Address 4841 BAYVIEW DRIVE FT. LAUDERDALE FL 33308-4918
--	---

2. Principal Place of Business 21 AS Above	2a. Mailing Address 26 Same	3. Date Incorporated or Qualified 12/20/1996	3a. Date of Last Report None
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number FIN 65-0723564	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	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 LATINSKY, ERIC A 1306 SOUTH RIDGEWOOD AVENUE DAVENPORT FL 33834 WILLIAM NOLAN 4841 Bayview Dr FT. LAUDERDALE FL 33308	10. Name and Address of New Registered Agent 81 Name William Nolan 82 Street Address (P.O. Box Number is Not Acceptable) 4841 Bayview Dr 83 City 7 84 City FT Lauderdale FL 85 Zip Code 33308
---	---

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 *William J. Nolan*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, W.J.	12 NAME	
STREET ADDRESS	4841 BAYVIEW DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	14 CITY-ST-ZIP	
TITLE	CEO / President	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Nolan	22 NAME	
STREET ADDRESS	See Above	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		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		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		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		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	

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: *William J. Nolan* March 11, 1997

CR2E034 (9/96)