

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **V49245** (6)  
1. Corporation Name  
**WILLIAM W. DOLAN AND ASSOCIATES, INC.**

Principal Place of Business: **4704 LE JEUNE RD  
CORAL GABLES FL 33146  
US**  
Mailing Address: **315 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized <b>07/06/1992</b>	3a. Date of Last Report <b>11/07/1994</b>
4. FEI Number <b>65-0484760</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.01, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. ZIP	28. ZIP
24. COUNTY	29. COUNTY
25. COUNTY	30. COUNTY

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>DOLAN, WILLIAM W. ONE GROVE ISLE PH-6 MIAMI FL 33133</b>				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. State	<b>FL</b>
				85. Zip Code	

11. Pursuant to the provisions of Sections 190.01(1)(b) and 190.01(1)(c) Florida Statutes, the above named corporation certifies this statement for the purpose of changing its registered office or registered agent, as both in the State of Florida. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a natural citizen and a duly qualified resident of the State of Florida.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
1. NAME	<b>D DOLAN, WILLIAM W. ONE GROVE ISLE PH-6 MIAMI FL</b>	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.01(1)(b), Florida Statutes. I further certify that the information included 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 W. Dolan*  
WILLIAM W. DOLAN  
APR. 30 '95 (305) 446-7649