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PROFIT CORPORATION ANNUAL REPORT



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

1996

50.po.anoi	MENT # F3990	1 (6)			
LAWS	ON, NOBLE & WEBB, INC.				At 1881 4481 4181 4181 4181 4181
Principal Place	e of Business	Mailing Address			et 1441 bibit bibit bibit bibit bibit bilit bilit
420 COLUMBIA DRIVE. 420 COLUMBIA DRIVE. WEST PALM BEACH FL 33409 WEST PALM BEACH FL					
				3. Date Incorporated or Qualified 06/08/1981	3a. Date of Last Report 04/18/1995
- '	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. a	# etc	26 Suite Apt # etc		59-2090616	Not Applicable
2	,, 010,	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country 25	Zip	Country	8. This corporation has liability for	intangible tax under s 199,032,
J	9. Name and Address of Current		30	Florida Statutes Yes 10. Name and Address of New I	
			81 Name	10. Hame and Address of NBW I	seAlerated WBaUI
KRAMER ROBERT S 2307 SE MONTEREY RD. STUART FL 34996		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
			83	- Control of the cont	
SIUARI	FL 04880				
			84 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida th, and accept the obligations of Section	and 607,1508, Florida Statu	ites, the above-named corpor	ration submits this statement for the pu	
familiar with	h, and accept the obligations of Section	ri 607 0505. Etorida Statuta	ized by the corporation's boa	ro or directors, i hereby accept the app	ointment as registered agent. I am
familiar witl	h, and accept the obligations of, Sectio	n 607.0505, Florida Statute	ized by the corporation's boales.	ro or directors, i hereby accept the app	ointment as registered agent. I am
familiar with	Signarure, typed or printed name of registered agent ar	nd title if applicable	IOTE. Registered Agent signature require	d when reinstating)	DATE
familiär witl SIGNATURE.	Signature, typed or printed name of registered agent at OFFICERS AND	nd title if applicable #	IOTE Registered Agent signature require		DATE ICERS AND DIRECTORS IN 12
familiar with	Signature, typed or printed name of registured agent at OFFICERS AND	nd title if applicable	OTE Registered Agent signature require 13. 1.1 TITLE	d when reinstatings ADDITIONS/CHANGES TO OFF	DATE
familiar with	Signarure, typed or printed name of registered agent at OFFICERS AND CD NOBLE, LEO E	nd title if applicable #	NOTE: Registered Agent signature require 13. 1.1 Title 12 NAME	d when reinstating: ADDITIONS/CHANGES TO OFF ON LAST	DATE ICERS AND DIRECTORS IN 12 Change Addition
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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 of an atty-inment with an address.

4181910 (407)684.6684