

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 10 AM 8:16

DOCUMENT # **K78883 (1)**

1. Corporation Name  
**NOBLE HOUSE ANTIQUES IN DESIGN, INC.**

Principal Place of Business      Mailing Address  
**2319 NE 16TH AVENUE      2319 NE 16TH AVENUE  
FT. LAUDERDALE FL 33305      FT. LAUDERDALE FL 33305**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/10/1989      04/19/1994**

4. FEI Number      Applied For  
**65-0135536      Not Applicable**

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Election Campaign Financing: Trust Fund Contribution       \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.992 Florida Statutes. **new**  Yes  No

2. Principal Place of Business      2a. Mailing Address  
21 **3255 NW 22 Ave**      26 **3255 NW 22 AVE**  
Suits, Apt. #, etc.      Suits, Apt. #, etc.

22 City & State      27 City & State  
23 **FT LAUDERDALE FL**      28 **FT. LAUDERDALE, FL**

24 **33309**      25 **BROWARD**      29 **33309**      30 **BROWARD**

9. Name and Address of Current Registered Agent

**SPITZMILLER, AUDREY  
2319 NE 16TH AVENUE  
FT. LAUDERDALE FL 33305**

10. Name and Address of New Registered Agent

81 Name **AUDREY SPITZMILLER**  
82 Street Address (P.O. Box Number is Not Acceptable) **3255 NW 22 AVE**  
83  
84 City **FT. LAUDERDALE FL**      85 Zip Code **33309**

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: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE      DP  
NAME      **CARACCI, SYLVIO**  
STREET ADDRESS      **2319 NE 16TH AVE**  
CITY - ST - ZIP      **FT. LAUDERDALE FL**

TITLE      DT  
NAME      **SPITZMILLER, REBECCA**  
STREET ADDRESS      **2319 NE 16TH AVE**  
CITY - ST - ZIP      **FT. LAUDERDALE FL**

TITLE      VSD  
NAME      **CARACCI, GIOVANNI**  
STREET ADDRESS      **2319 NE 16TH AVE**  
CITY - ST - ZIP      **FT. LAUDERDALE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11 TITLE       Change       Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE       Change       Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE       Change       Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE       Change       Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE       Change       Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE       Change       Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 registrar 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: *Audrey Spitzmiller*      **AUDREY SPITZMILLER**      6-9-95      305 563 8763  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Mailing Address)

305 777 1789

CR2E034 (3/95)