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**Feb 25 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 # K78883 (1)
1. Corporation Name: **NOBLE HOUSE ANTIQUES IN DESIGN, INC.**



Principal Place of Business: **3255 NW 22 AVE FT. LAUDERDALE FL 33309 US**
Mailing Address: **3255 NW 22 AVE FT. LAUDERDALE FL 33309-6497 US**

3. Date Incorporated or Qualified: **04/10/1989** 3a. Date of Last Report: **03/25/1996**
4. FEI Number: **65-0135536** Applied For: 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. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**SPITZMILLER, AUDREY
3255 NW 22 AVE
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent
81 Name: **SPITZMILLER, AUDREY**
82 Street Address (P.O. Box Number is Not Acceptable): **3255 NW 22 AVE**
83 City: **FT. LAUDERDALE**
84 City: **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

DP	<input type="checkbox"/> DELETE
TITLE: CARRACCI, SYLVIO	
NAME: 3255 NW 22ND AVE.	
STREET ADDRESS: FT. LAUDERDALE FL	
CITY - ST - ZIP:	
DT	<input type="checkbox"/> DELETE
TITLE: SPITZMILLER, REBECCA	
NAME: 3255 NW 22ND AVE.	
STREET ADDRESS: FT. LAUDERDALE FL	
CITY - ST - ZIP:	
VSD	<input type="checkbox"/> DELETE
TITLE: CARACCI, GIOVANNI	
NAME: 3255 NW 22ND AVE.	
STREET ADDRESS: FT. LAUDERDALE FL	
CITY - ST - ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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*****165.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* Date: **18 Feb 97** Daytime Phone: **(954) 777-1789**

CR2E034 (9/96)