

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90014 042 ***150.00

DOCUMENT # P98000091864

1. Corporation Name NOBLE LENDING GROUP, INC.

Principal Place of Business 1779 NW 50TH DR CORAL SPRINGS FL 33073 Mailing Address 5779 NW 50TH DR CORAL SPRINGS FL 33073



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/28/1998 4. FEI Number 65-0871751 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 owes the current year Intangible Personal Property Tax. Yes No

Principal Place of Business 7522 MILES ROAD 107-B CORAL SPRINGS, FL. 33067 BROWARD 2a. Mailing Address 7522 MILES ROAD 107-B CORAL SPRINGS, FL. 33067 BROWARD

9. Name and Address of Current Registered Agent JENNINGS, EDWARD J ESQ. 200 SE 18TH CT FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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

Table with 2 columns: OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for name, address, and title.

Table with 2 columns: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for title, name, address, and city-state-zip.

I 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, with all other like empowered.

SIGNATURE: ANTHONY N. IOVELLI

1-6-99 954-255-1491 Date Daytime Phone #

CR2E034 (11/98)