

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

DOCUMENT # H22100 (2)

1. Corporation Name

NOBLE INVESTMENT CO. OF PALM BEACH

Principal Place of Business

**1801 CLINT MOORE RD
BOCA RATON FL 33487
US**

Mailing Address

**1801 CLINT MOORE ROAD
BOCA RATON FL 33487
US**

3. Date Incorporated or Qualified

09/21/1984

3a. Date of Last Report

04/26/1994

4. FBI Number

59-2502457

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

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**LETSCHERT, NICO
1801 CLINT MOORE RD STE 110
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name

CORY B. NASS

82 Street Address (P.O. Box Number is Not Acceptable)

83

1801 Clint Moore RD

84 City

Boca Raton

FL

85 Zip Code

33487

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

Cory B. Nass, General Counsel

4-26-95

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

LETSCHERT, NICO

STREET ADDRESS

1801 CLINT MOORE RD 110

CITY - ST - ZIP

BOCA RATON FL

TITLE

D

NAME

NICO, PRONK

STREET ADDRESS

1801 CLINT MOORE RD

CITY - ST - ZIP

BOCA RATON FL

TITLE

VP

NAME

HORNE, WAYNE

STREET ADDRESS

1801 CLINT MOORE ROAD

CITY - ST - ZIP

BOCA RATON FL

TITLE

VP

NAME

CAMPBELL, DWIGHT

STREET ADDRESS

1801 CLINT MOORE ROAD

CITY - ST - ZIP

BOCA RATON FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 110.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nico B.M. Letschert

4-26-95

DATE

407-994-1191

TELEPHONE NUMBER