

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)

APPROVED
AND
FILED

95 JUN 16 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 521043 (0)

1. Corporation Name
NOEL ENTERPRISES OF MELBOURNE, INC.

Principal Place of Business Mailing Address
1399 BANANA RIVER DRIVE 1399 BANANA RIVER DRIVE
INDIAN HARBOR BEACH FL 32937 INDIAN HARBOR BEACH FL 32937

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/28/1976 3a. Date of Last Report 04/14/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	515 Glen Check DR	26	515 Glen Check DR	59-1714872		Not Applicable	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23	Port Canaveral, FL	28	Port Canaveral, FL				
24	32920	25	BREVARD	29	32920	30	BREVARD

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NOEL, GARY E. 1399 BANANA RIVER DRIVE INDIAN HARBOR BEACH FL 32937				B1	Name NOEL, GARY E		
				B2	Street Address (P.O. Box Number is Not Acceptable) 515 Glen Check DR		
				B3			
				B4	City	FL	B5 Zip Code
					Port Canaveral		32920

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOEL, GARY E	1.2 NAME	NOEL, GARY E
STREET ADDRESS	1399 BANANA RIVER DRIVE	1.3 STREET ADDRESS	515 Glen Check DR
CITY - ST - ZIP	INDIAN HARBOR BEACH FL 32937	1.4 CITY - ST - ZIP	Port Canaveral, FL 32920
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOEL, CHARLES A	2.2 NAME	
STREET ADDRESS	2370 GRAND TETON BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL 32901	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOEL, CHALES E	3.2 NAME	
STREET ADDRESS	650 JACKSON CT.	3.3 STREET ADDRESS	
CITY - ST - ZIP	SATELLITE BEACH FL 32937	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(a), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: GARY E. NOEL DATE: 6/12/94 DAYTIME PHONE: 783-1126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)