SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

521043

(0)

NOC	ELECTROPIOCO OF MELOQUIDAE	
NUIPI	ENTERPRISES OF MELBOURNE	INC:

Principal Place	e of Business	Mailing Address			I HOURT BIND HOUST HIRL BEIN DIGGE		
515 GLEN CREEK DR 515 GLEN CREEK DR							
FT CANAVERAL FL 32920 US		FT CANAVERAL FL 32920 US					
00		05		3. Date Incorporated or Qualified 12/28/1976	3a. Date of Last Report 06/16/1995		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For		
21		26		59-1714872	Not Applicable		
Suite, Apt #, etc		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional		
City & State		City & State			L.J Fee Required		
23		28		6. Election Campaign Financing	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country	f	Trust Fund Contribution 8. This corporation has liability for i		
24	25	29	30		Florida Statutes	party .	
	9. Name and Address of Current	Registered Agent	<u> </u>		10. Name and Address of New Re		
N	OEL, GARY E		81	Name			
	15 GLEN CHEEK DR		82	82 Street Address (P.O. Box Number is Not Acceptable)			
	ORT CANAVERAL FL 32920			Directinae	areas (1.0. box 140/liber is 140/ Acceptaty	e <i>)</i>	
• •	OTHER TE DESER		83				
			84	City		85 Zip Code	
				'			
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statute Florida, Such change was au	s, the above	-named corp	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered	
agent I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flor	rida Statutes	ine corporat	lions board or directors. Thereby accept	the appointment as registered	
SIGNATURE							
40	Signature, typed or printed name of registered agent			int signature requ	rred when reinstating)	DATÉ	
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	······································	
NAME	PTD NOTE CARY 5		1 † TITLE			Change Addition	
STREET ADDRESS	NOEL, GARY E		1.2 NAME	IDDOCAC			
CITY-ST-ZIP	515 GLEN CHEEK DR			ADDRESS			
TITLE	PORT CANAVERAL FL 32920 VSD	DELETE	1 4 CrTy - 5	51 - 2)P		Change Addition	
NAME	NOEL, CHARLES A		2 2 NAME			Change Apprilors	
STREET ADDRESS	2370 GRAND TETON BLVD.		2 3 STREET	ADORESC			
CITY - ST - ZIP	MELBOURNE FL 32901		2 4 CITY -				
TITLE	D	DELÉTE	317111	91 - Tit		Change Addition	
NAME	NOEL, CHALES E		3.2 NAME				
STREET ADDRESS	650 JACKSON CT.		3.3 STREET	ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH FL 32937		34 CITY-				
TITLE		DELETE	4 1 TIFLE	-		Change Addition	
NAME.			4 2 NAME			- 	
STREET ADDRESS			4 3 STREET	ADDRESS			
CITY - ST - ZIP			4.4 CITY - 9	ST - ZIP			
TITLE		DELETE	5 1 TITLE			Change Addition	
NAME			5 2 NAME				
STREET ADDRESS			5 3 STREET	ADORESS			
CITY-ST-ZIP			5 4 CITY - 9	r-zop			
TITLE		DELETE	61 TiTL€			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6 3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - 5				
14. I do hereb further ce	by certify that the information supplied rtify that the information indicated on th	with this filing is voluntarily furi his annual report or supplemen	nished and i ntal annual r	does not qua	tify for the exemption stated in Section 1 and accurate and that my signature shall	19 07(3)(k). Florida Statutes I	
made und that my na	der oath; that I ani an office or director ame appears in Block 12 or Block 13 if i	of the corporation or the rece charged, or on an attachment	ver or truste t with an add	e empowere fress	and accurate and that my signature shall d to execute this report as required by C	hapter 617, Florida Statutes, and	

SIGNATURE:

ATTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/96 407-183-1126

CR2E034 (3/96)