

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715143 (4)

1. Corporation Name

NOBLES, INC.

Principal Place of Business

1717 N. ANDREWS AVE.
FORT LAUDERDALE FL 33311

Mailing Address

1717 N. ANDREWS AVE.
FORT LAUDERDALE FL 33311-48133. Date Incorporated or Qualified
08/20/19683a. Date of Last Report
03/19/19964. FEI Number
59-6182023Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

SCHWENKE, HARRY
601 ROYAL PLAZA DR
FORT LAUDERDALE FL 33301

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	<input checked="" type="checkbox"/> DELETE
NAME	OPRICI, S	
STREET ADDRESS	1717 NORTH ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLAPPER, PHILLIP	
STREET ADDRESS	1717 NORTH ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SWAN, JOHN	
STREET ADDRESS	1717 NORTH ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OPTEKAR, MICHAEL	
STREET ADDRESS	1717 NORTH ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZEMAN, JACK	
STREET ADDRESS	5432 NO ANDREWS AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WINSTANLEY, GEORGE	
STREET ADDRESS	1717 NORTH ANDREWS AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David Douglas	
1.3 STREET ADDRESS	1717 North Andrews Ave	
1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
2.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Phyllis Westbury	
2.3 STREET ADDRESS	1717 North Andrews Ave	
2.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
3.1 TITLE	Robert Webster	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert Webster	
3.3 STREET ADDRESS	1717 N. Andrews Ave	
3.4 CITY-ST-ZIP	FT. LAUDERDALE FL	
4.1 TITLE	D. Eugene Feldmann	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Eugene Feldmann	
4.3 STREET ADDRESS	1717 N. Andrews Ave.	
4.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
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		

14. I do 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 617, 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

1-16-97

Date

954-7640025

Daytime Phone # 0034458

CR2E037 (9/96)