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FILED
Mar 14, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 715143

1. Corporation Name

NOBLES, INC.

Principal Place of Business	Mailing Address
1717 N. ANDREWS AVE. FORT LAUDERDALE FL 33311	1717 N. ANDREWS AVE. FORT LAUDERDALE FL 33311

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/20/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6182023 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	HALL, CHARLES		1.2 NAME	Michael Maher	
STREET ADDRESS	1717 NORTH ANDREWS AVENUE		1.3 STREET ADDRESS	1717 N. Andrews Ave.	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33311	
TITLE	T	☒ DELETE	2.1 TITLE	1ST VP	☐ Change ☒ Addition
NAME	EWART, JAMES		2.2 NAME	SMITH, CECIL	
STREET ADDRESS	1717 NORTH ANDREWS AVENUE		2.3 STREET ADDRESS	1717 N. ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	FT.LAUDERDALE, FL	
TITLE	D	☒ DELETE	3.1 TITLE	2ND VP	☐ Change ☒ Addition
NAME	DOUGLAS, DAVID		3.2 NAME	WETHERINGTON, JOHN	
STREET ADDRESS	1717 NORTH ANDREWS AVENUE		3.3 STREET ADDRESS	1717 N. ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	FT.LAUDERDALE,FL	
TITLE	D	☒ DELETE	4.1 TITLE	SEC/TREAS.	☐ Change ☒ Addition
NAME	EUGENE FELDMANN		4.2 NAME	FLOYD BASS	
STREET ADDRESS	1717 NORTH ANDREWS AVENUE		4.3 STREET ADDRESS	1717 N. ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	ZEMAN, JACK		5.2 NAME	Bob Howard	
STREET ADDRESS	5432 NO ANDREWS AVE		5.3 STREET ADDRESS	1717 N. Andrews Ave..	
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY-ST-ZIP	Ft. Lauderdale, FL	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Thomas Cannon	
STREET ADDRESS			6.3 STREET ADDRESS	1717 N. Andrews AVe.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Ft. Lauderdale, FL	

CR2E037 (11/98)

14. 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 617, 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: CHARLES HALL **SIGNATURE REQUIRED** 3-10-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Charles E Hall 4-1-99