

FILE NOW: FILING FEE IS \$61.25

AMENDMENT

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715143

1. Corporation Name

NOBLES, INC.

Principal Place of Business

Mailing Address

1480 N.W. North River Drive
Miami, FL 33125

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA800003026188--9
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	1480 N.W. North River Dr.	August 20, 1968	
22	City & State	27	Suite, Apt. #, etc.	4. FEI Number	Applied For
23	Zip	28	City & State	59-6182023	Not Applicable
24	Country	29	Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Country	30	USA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HARRY SCHWENKE
601 Royal Plaza Drive
Fort Lauderdale, FL 33301

10. Name and Address of New Registered Agent

81	Name	ROBERT J. ALEXANDER
82	Street Address (P.O. Box Number is Not Acceptable)	1480 N.W. North River Drive
83	City	Miami
84	State	FL
85	Zip Code	33125

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

October 13, 1999

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	CHARLES HALL	1.2 NAME	JOSEPH SHUBETTE
STREET ADDRESS	3361 NE 16 AVE	1.3 STREET ADDRESS	2727 SW 117 AVE
CITY-ST-ZIP	OAKLAND PARK FL 33334-5311	1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33330-1431
TITLE	D	2.1 TITLE	S
NAME	MICHAEL MAHER	2.2 NAME	ROBERT J. ALEXANDER
STREET ADDRESS	7441 NW 1 CT	2.3 STREET ADDRESS	10035 SW 84 ST
CITY-ST-ZIP	PEMBROKE PINES FL 33024	2.4 CITY-ST-ZIP	MIAMI FL 33173-3912
TITLE	FV	3.1 TITLE	T
NAME	CECIL SMITH	3.2 NAME	GEORGE MITCH
STREET ADDRESS	1009 NE 28 DR	3.3 STREET ADDRESS	8905 SW 75 ST
CITY-ST-ZIP	FT LAUDERDALE FL 33334-3722	3.4 CITY-ST-ZIP	MIAMI FL 33173-3438
TITLE	SV	4.1 TITLE	T/D
NAME	JOHN WETHERINGTON	4.2 NAME	JOE FLEITES
STREET ADDRESS	3320 NE 18 TER	4.3 STREET ADDRESS	14848 SW 166 ST
CITY-ST-ZIP	FT LAUDERDALE FL 33306 1006	4.4 CITY-ST-ZIP	MIAMI FL 33187-1422
TITLE	ST	5.1 TITLE	T/D
NAME	FLOYD BASS	5.2 NAME	MILTON OLSEN
STREET ADDRESS	4806 NW 27 WAY	5.3 STREET ADDRESS	3924 NW 20 AVE
CITY-ST-ZIP	FT LAUDERDALE FL 33309-2907	5.4 CITY-ST-ZIP	FT LAUDERDALE FL 33309-4417
TITLE	D	6.1 TITLE	T/D
NAME	BOB HOWARD	6.2 NAME	ROBERT MILLER
STREET ADDRESS	1717 N ANDREWS AVE	6.3 STREET ADDRESS	5512 ROOSEVELT ST
CITY-ST-ZIP	FT LAUDERDALE FL 33311-4814	6.4 CITY-ST-ZIP	HOLLYWOOD FL 33021-3951

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: *Robert J. Alexander*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOROctober 13, 1999 305-325-0411
Date Daytime Phone #

CR2E037 (1/98)

KE