## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90111 045 \*\*\*150.00

	1000					<del></del>		
DOCUI	MENT # F0821	3				·		
i. Corporation	1 Name							
K, NOE	CONSULTING, INC.							
Principal Place of Business Mailing Address								
% BESSIE M NOE % BESSIE M NOE								
13040 N.W. 3RD ST. 13040 N.W. 3RD S PLANTATION FL 33325 PLANTATION FL 33						DO NOT WRITE IN THIS SPACE		
US	2 33323	US	· <del>-</del> · · · · · · · · · · · · · · · · · · ·			Date Incorporated or Qualifed		
						12/08/1980		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied Fo	ог	
21	26				59-2063877 Not Applic	able		
Suite, Apt.	Suite, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Addition	ıal		
22		27				5. Certificate of Status Desired Fee Required		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	e	
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax.  Yes No		
	9. Name and Address of Cur	rrent Registered Agent				10. Name and Address of New Registered Agent		
	BECOURT		Ì	81	Name	•		
NOE, BESSIE M 13040 NW 3RD ST			-	82	Street Add	address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33325				83				
			}	84	City	85 Zip Code		
					•	FL   i		
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statute:	s, the ab	ove-	named corp	poration submits this statement for the purpose of changing its register	red	
office or r	egistered agent, or both, in the St	ate of Florida. Such change was aut oligations of, Section 607.0505, Flori	tnorizea	by tr	ne corporati	ion's board of directors. I hereby accept the appointment as registered		
•								
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: F	Registered /	Agent	signature requir	red when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE	PT	☐ DELETE	1.1 TITI	LE		☐ Change ☐ A	ddition	
NAME	ioe, Kenneth, Jr.		1.2 NA	1.2 NAME		•		
STREET ADDRESS	13040 NW 3RD ST		1.3 STREET ADD		NODRESS			
CITY-ST-ZIP	PLANTATION FL		1.4 CIT	1.4 CITY-ST-ZIP				
TITLE	S	☐ DELETE	2.1 TIT	LE		☐ Change ☐ A	ddition	
NAME	NOE,BESSIE		2.2 NA	ME		•		
STREET ADDRESS	13040 NW 3RD ST		2.3 STT	REET A	NDDRESS			
CITY-ST-ZIP	PLANTATION FL		2. 4 CT	TY-ST	·ZIP			
TITLE		☐ DELETE	3.1 ΠΤ	LE		- Change A	ddition	
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 ST	REETA	ADDRESS			
CITY-ST-ZIP	1		3.4. CII	IY-ST	-ZIP			
TITLE		☐ DELETE	4.1 TIT	LE		☐ Change ☐ A	Addition	
NAME			4. 2 NA	ME				
STREET ADDRESS			4 3 ST	REET A	ADDRESS			
CITY-ST-ZIP			4.4 CIT			<u></u>		
TITLE		☐ DELETE	5.1 TIT			Change A	\ddition	

CITY-ST-ZIP 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 607, 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.

5.2 NAME

61 TITLE

62 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

☐ Change

☐ Addition