

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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90059 045 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F39901

1. Corporation Name
LAWSON, NOBLE & WEBB, INC.



Principal Place of Business 420 COLUMBIA DRIVE. WEST PALM BEACH FL 33409	Mailing Address 420 COLUMBIA DRIVE. WEST PALM BEACH FL 33409
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/08/1981	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
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9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KRAMER ROBERT S 2307 SE MONTEREY RD. STUART FL 34996		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 607.0502 and 607.1508, 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 607.0505, 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	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE KOLODZIEJCZYK	1.2 NAME	
STREET ADDRESS	1701 SW CASHMERE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD LAST	2.2 NAME	
STREET ADDRESS	11683 ORANGE GROVE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BCH FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, PERRY	3.2 NAME	
STREET ADDRESS	7585 THORNLEA DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	
TITLE	VSD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBB, ELIZABETH	4.2 NAME	
STREET ADDRESS	6679 DUCKWEED RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAFER, CHRISTOPHER J.	5.2 NAME	
STREET ADDRESS	8415 91ND AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, THEODORE	6.2 NAME	
STREET ADDRESS	86 W. PLUMOSA LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	6.4 CITY-ST-ZIP	

P
ROBERT W. LAWSON
3723 VALLEY PARK WAY
LAKE WORTH, FL. 33407

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.

SIGNATURE: *Elizabeth Webb* ELIZABETH WEBB 1/5/99 (561) 684.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)