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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F42324** (6)
1. Corporation Name
NOBLES, DECKER, LENKER & CARDOSO, C.P.A'S, P.A.

Principal Place of Business
**324 S HYDE PARK AVE #230
P.O. BOX 18365 (ZIP 33679)
TAMPA FL 33606**

Mailing Address
**324 S HYDE PARK AVE #230
P.O. BOX 18365 (ZIP 33679)
TAMPA FL 33606-4127**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/27/1981	3a. Date of Last Report 04/23/1996
21		26		4. FEI Number 59-2134358	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent

**NOBLES, EDGAR D
2315 S OCCIDENT STREET
TAMPA FL 33629**

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 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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DECKER, JAMES R.	1.2 NAME	
STREET ADDRESS	15127 CONTOY PLACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 0	1.4 CITY - ST - ZIP	
TITLE	SD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LENKER, MARK N., JR.	2.2 NAME	
STREET ADDRESS	410 PINEHURST	2.3 STREET ADDRESS	
CITY - ST - ZIP	TEMPLE TERRACE FL	2.4 CITY - ST - ZIP	
TITLE	PD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NOBLES, EDGAR D	3.2 NAME	
STREET ADDRESS	2315 S OCCIDENT STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 00000	3.4 CITY - ST - ZIP	
TITLE	VD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CARDOSO, OSCAR M.	4.2 NAME	
STREET ADDRESS	7235 RIVER FOREST LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	TEMPLE TERRACE F	4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edgar & Mark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-97

Date

813-251-5609

Daytime Phone #

CR2E034 (9/96)