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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT. # F68160

(3)

JACK NOLL, INC.

Principal	Place of	Business

Mailing Address

632 N W SUNSET DR. STUART FL 34994 632 N W SUNSET DR. STUART FL 34994-7611

FILED Apr 24 1997 8:00am Secretary of State



		STUART FL 34994-7811			1			
					3. Date Incorporated or Qualified 02/22/1982	3a. Date 06/18/		eport
,	ace of Business	2a. Mailing Address			4. FEI Number	***********	Ap	plied For
21	***************************************	26			59-2159338			t Applicable
Suite, Apt 4	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		88.75 A Fee Re	
City & State)	City & State		··	Election Campaign Financing Trust Fund Contribution		\$5.00 t bebbA	
Zip	Country	Z(p)	Countr	v				
24	25		30	,	8. This corporation has liability for in Florida Statutes	Tes 🔲 I		199.032,
24	9. Name and Address of Curre		<u>~</u>		10. Name and Address of New Reg			
NOLI	L, JOSEPH J	··	81	Name	-	-		
	N. W. SUNSET DRIVE		<u></u>					
	ART 34994		62	Street Add	dress (P.O. Box Number is Not Acceptable	le)		
0107	411 04304		63	 				·······························
			84	City		··· · · · · · · · · · · · · · · · · ·	90 70 6	`ada
			67	City		FL	85 Zip (Jue
office or re agent. I ar	o the provisions of sections 607,050 ogistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was a	uthorized b	v the corpora	rporation submits this statement for the pa ation's board of directors. I hereby accep	urpose of cr of the appoin	ianging iti itment as	registered registered
	Signature, typed or ported name of registered ag			ent signature requ	ulred when reinstating)	DATE		
12.	ADDITION OF A ST							O INLO
т		O DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		-	
THLE	PD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC		Change	
THLE NAME	PD NOLL, JOSEPH J.		1.1 TITLE 1.2 NAME	Ţ	ADDITIONS/CHANGES TO OFFIC		-	
TITLE NAME STREET ADDRESS	PD NOLL, JOSEPH J. 632 NW SUNSET DRIVE		1.1 TITLE 1.2 NAME	T ADDRESS	ADDITIONS/CHANGES TO OFFIC		-	
THLE NAME STREET ADDRESS CITY-SE-ZIP	PD NOLL, JOSEPH J. 632 NW SUNSET DRIVE STUART FL	□ DELETÉ	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	T ADDRESS	ADDITIONS/CHANGES TO OFFIC		Change	Addition
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THLE NAME STREET ADDRESS CITY-ST-7P THLE NAME	PD NOLL, JOSEPH J. 632 NW SUNSET DRIVE STUART FL STD NOLL, BARBARA A	□ DELETÉ	1.1 TIYLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TIYLE 2.2 NAME	T ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFIC		Change	Addition
DILE NAME STREET ADDRESS CITY-ST-76P TITLE NAME STREET ADDRESS	PD NOLL, JOSEPH J. 632 NW SUNSET DRIVE STUART FL STD NOLL, BARBARA A 632 NW SUNSET DRIVE	□ DELETÉ	1.1 TIYLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TIYLE 2.2 NAME 2.3 STREE	T ADDRESS ST-ZIP T ADDRESS	ADDITIONS/CHANGES TO OFFIC		Change	Addition
DILE NAME STREEL ASORESS CITY-SL-ZEP TITLE NAME STREEL ASORESS CITY-SL-ZEP	PD NOLL, JOSEPH J. 632 NW SUNSET DRIVE STUART FL STD NOLL, BARBARA A	☐ DELETE	1.1 TIYLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TIYLE 2.2 NAME 2.3 STREE 2.4 CITY-	T ADDRESS ST-ZIP T ADDRESS	ADDITIONS/CHANGES TO OFFIC		Change	Addition Addition
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THE NAME STREET ACCRESS COTY-ST-71P THEF NAME STREET ACCRESS CHY-ST-71P THEF NAME	PD NOLL, JOSEPH J. 632 NW SUNSET DRIVE STUART FL STD NOLL, BARBARA A 632 NW SUNSET DRIVE	☐ DELETE	1.1 TIYLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TIYLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TIYLE 3.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFIC		Change	Addition Addition
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4. I do hereby certify that the informations upplied 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 eath; that I am an officer or director of the conforation or the receiver outrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Ellock 12 or Block 13 if changed, often an attachment with an address.

SIGNATURE

NATURE AND MADE A SURVIVITE DI NAME OF BIOMNO OFFICER OR DIRECTOR

4/15/97 561-221-3883