

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

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PROFIT CORPORATION ANNUAL REPORT 1996

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



FILED
 96 NOV 13 AM 11:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *F96516*
 1. Corporation Name
 NOAH & ASSOCIATES, INC.

Principal Place of Business: TAMPA, FL
 Mailing Address: 3811 W. SLIGH AVE.

3. Date Incorporated or Qualified: *August 1982* 3a. Date of Last Report: *1996*
 4. FEI Number: *99-2219063* Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25
 2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
 81 Name: *MIKE NOAH*
 82 Street Address (P.O. Box Number is Not Acceptable): *3401 McFARLAND Rd.*
 83
 84 City: *TAMPA* FL 85 Zip Code: *33618*

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: *[Signature]* DATE: *10/29/96*
 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: PRESIDENT	<input type="checkbox"/> DELETE	1.1 TITLE
NAME: MIKE NOAH		1.2 NAME
STREET ADDRESS: 3401 McFARLAND Rd		1.3 STREET ADDRESS
CITY-ST-ZIP: TAMPA, FL 33618		1.4 CITY-ST-ZIP
TITLE: SECRETARY / TREAS.	<input type="checkbox"/> DELETE	2.1 TITLE
NAME: ANDREA NOAH		2.2 NAME
STREET ADDRESS: 3401 McFARLAND Rd		2.3 STREET ADDRESS
CITY-ST-ZIP: TAMPA, FL 33618		2.4 CITY-ST-ZIP
TITLE: 	<input type="checkbox"/> DELETE	3.1 TITLE
NAME: 		3.2 NAME
STREET ADDRESS: 		3.3 STREET ADDRESS
CITY-ST-ZIP: 		3.4 CITY-ST-ZIP
TITLE: 	<input type="checkbox"/> DELETE	4.1 TITLE
NAME: 		4.2 NAME
STREET ADDRESS: 		4.3 STREET ADDRESS
CITY-ST-ZIP: 		4.4 CITY-ST-ZIP
TITLE: 	<input type="checkbox"/> DELETE	5.1 TITLE
NAME: 		5.2 NAME
STREET ADDRESS: 		5.3 STREET ADDRESS
CITY-ST-ZIP: 		5.4 CITY-ST-ZIP
TITLE: 	<input type="checkbox"/> DELETE	6.1 TITLE
NAME: 		6.2 NAME
STREET ADDRESS: 		6.3 STREET ADDRESS
CITY-ST-ZIP: 		6.4 CITY-ST-ZIP

Change Addition

300002010983 Addition

-11/21/96-01043-001

******225.00 ****225.00**

Change Addition

Change Addition

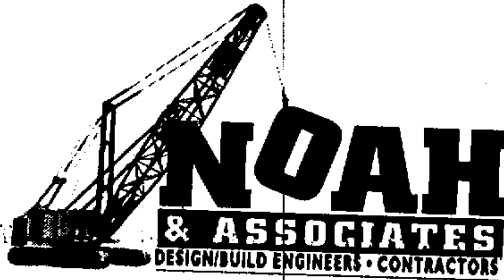
Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* DATE: *10/29/96* (813) 886-4657
 Signature, typed or printed name of signing officer or director Daytime Phone #

CR2E034 (3/96)

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November 11, 1996

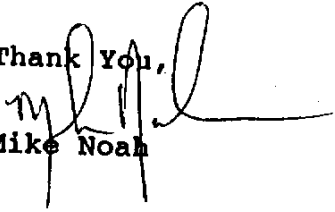
Ms. Leslie Sellers
Florida Department of State
Tallahassee, FL 32314

Dear Ms. Sellers,

I have added the additional information requested and am returning this document. It appears that the original filing has been lost in the mail and was not received.

I am resending this form as advised, including document, check and letter.

If I can be of any further assistance please call.

Thank You,

Mike Noah