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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 10:56

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **J46801** **(3)**

1. Corporation Name
NOBLE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1499 FOREST HILL BLVD SUITE 119 WEST PALM BEACH FL 33406 US	P O BOX 456 150 YALE DRIVE LAKE WORTH FL 33460 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/11/1986
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business	2a. Mailing Address
21	26 1499 FOREST HILL BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 119
City & State 23	City & State 28 WEST PALM BEACH FL
Zip 24 / Country 25	Zip 29 33406 / Country 30 USA

4. FEI Number: 59-2760258 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NOBLE, THELMA IRENE 1499 FOREST HILL BLVD, SUITE 119 W. PALM BEACH FL 33406	81 Name: FULLER, MICHAEL FREDERICK 82 Street Address (P.O. Box Number is Not Acceptable): 1499 FOREST HILL BLVD, SUITE 119 83 WEST PALM BEACH FL 33406 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: Michael Frederick Fuller (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 3/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SDT	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	NOBLE, THELMA IRENE	1.2 NAME	FULLER, MICHAEL FREDERICK
STREET ADDRESS	1499 FOREST HILL BLVD, SUITE 119	1.3 STREET ADDRESS	1499 FOREST HILL BLVD, SUITE 119
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH FL 33406
TITLE	PD	2.1 TITLE	☒ Change ☐ Addition
NAME	FULLER,MICHAEL FREDERICK	2.2 NAME	DELETE NOBLE, THELMA IRENE ONLY
STREET ADDRESS	1499 FOREST HILL BLVD, SUITE 119	2.3 STREET ADDRESS	NO ENTRY IN THIS BLOCK
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 is voluntarily furnished and 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: Michael Frederick Fuller 3-28-95 (407) 433-4472
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)
MICHAEL FREDERICK FULLER

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