

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 4/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 10 AM 8:16

DOCUMENT # **K78883 (1)**

1. Corporation Name
NOBLE HOUSE ANTIQUES IN DESIGN, INC.

Principal Place of Business Mailing Address
**2319 NE 16TH AVENUE 2319 NE 16TH AVENUE
FT. LAUDERDALE FL 33305 FT. LAUDERDALE FL 33305**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
04/10/1989 04/19/1994

4. FEI Number Applied For
65-0135536 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 FRS Florida Statutes **new** Yes No

2. Principal Place of Business 2a. Mailing Address
21 **3255 NW 22 Ave** 26 **3255 NW 22 AVE**
Suits, Apt. #, etc. Suits, Apt. #, etc.

22 City & State 27 City & State
23 **FT LAUDERDALE FL** 28 **FT. LAUDERDALE, FL**

24 **33309** 25 **BROWARD** 29 **33309** 30 **BROWARD**

9. Name and Address of Current Registered Agent

**SPITZMILLER, AUDREY
2319 NE 16TH AVENUE
FT. LAUDERDALE FL 33305**

10. Name and Address of New Registered Agent

81 Name **AUDREY SPITZMILLER**
82 Street Address (P.O. Box Number is Not Acceptable) **3255 NW 22 AVE**
83
84 City **FT. LAUDERDALE FL** 85 Zip Code **33309**

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 (typed or printed name of registered agent and title if applicable)

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE DP
NAME **CARACCI, SYLVIO**
STREET ADDRESS **2319 NE 16TH AVE**
CITY - ST - ZIP **FT. LAUDERDALE FL**

TITLE DT
NAME **SPITZMILLER, REBECCA**
STREET ADDRESS **2319 NE 16TH AVE**
CITY - ST - ZIP **FT. LAUDERDALE FL**

TITLE VSD
NAME **CARACCI, GIOVANNI**
STREET ADDRESS **2319 NE 16TH AVE**
CITY - ST - ZIP **FT. LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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)(b), 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 registrar 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: *Audrey Spitzmiller* **AUDREY SPITZMILLER** 6-9-95 305 563 8763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Mailing Address)
305 777 1789

CR2E034 (3/95)