

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K78883** (1)

1. Corporation Name

NOBLE HOUSE ANTIQUES IN DESIGN, INC.



Principal Place of Business

3255 NW 22 AVE
FT. LAUDERDALE FL 33309
US

Mailing Address

3255 NW 22 AVE
FT. LAUDERDALE FL 33309
US

3. Date Incorporated or Qualified

04/10/1989

3a. Date of Last Report

06/13/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FET Number

65-0135536

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

SPITZMILLER, AUDREY
3255 NW 22 AVE
FT. LAUDERDALE FL 33309

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CARACCI, SYLVIO	
STREET ADDRESS	2319 NE 16TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SPITZMILLER, REBECCA	
STREET ADDRESS	2319 NE 16TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	CARACCI, GIOVANNI	
STREET ADDRESS	2319 NE 16TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARACCI, SYLVIO	
1.3 STREET ADDRESS	3255 NW 22 AVE	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
2.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SPITZMILLER, REBECCA	
2.3 STREET ADDRESS	3255 NW 22 AVE	
2.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
3.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CARACCI, GIOVANNI	
3.3 STREET ADDRESS	3255 NW 22 AVE	
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Roberto Caracci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 18, 96 (954) 777-1789
Date: _____ Office Phone: _____

CR2E034 (12/95)