## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L47178

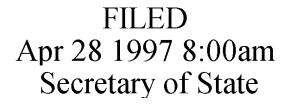
NOISY OYSTER, INC.

(3)

Principal Place of Business

Mailing Address

2075 PERIWINKLE WAY #3 SANIBEL FL 33957 2075 PERIWINKLE WAY #3 SANIBEL FL 33957-4105





						T		
					<ol> <li>Date Incorporated or Qualified 02/02/1990</li> </ol>	3a. Date 05/01/		aport
194 I	ace of Business	2a. Mailing Address			4. FEI Number			plied For
Suite, Apt. #. etc.		26 PO BOX 1718			65-0204085			t Applicable
22		Suite, Apt, #, etc.			5. Certificate of Status Desired		<b>\$8.75</b> A Fee Re	Additional equired
City & State		City & State	E	· {	6. Election Campaign Financing		\$5.00	
Zip	Country	28 Sanibel	Country		Trust Fund Contribution	<u> </u>	Added t	
24	25	33957	30 4	< A-	8. This corporation has liability for in Florida Statutes	ntangible tax		199.032,
241	9, Name and Address of Current		30 11	رر	10. Name and Address of New Reg			
JOYC	E, ROBERT		81	Name		,,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,		
1108 SANDCASTLE ROAD								
SANIB		82	Street Add	ress (P.O. Box Number is Not Acceptabl	e)			
<b>97 % 1.12</b>	500 Y C 00007		83					
			84	City		r	35 Zip (	'àode
				Ony		FL	200	<i>7</i> 00¢
agent. I am SIGNATURE _	n familiar with, and accept the obliga	ions of, Section 607.0505, Flor	rida Statule	S.	poration submits this statement for the pu tion's board of directors. I hereby accep		tment as	registered
	Signature, typed or printed name of registered agen			unt signature requi	ired when reinstating)	DATE		
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFIC			
	JOYCE, ROBERT	CT) DETEIR	1 1 TITLE			L	Change	] Addition
	1108 SANDCASTLE RD.		1 2 NAME					
*	SANIBEL FL		1 3 STREET					
	STD	DELETE	14 CHY-5	61 - ZIP			Change	L Addition
	JOYCE, VIRGINIA		2 2 NAME				j onange	L_1 Addition
	1108 SANDCASTLE RD.		2.3 STREET	ADDOLCC				
	SANIBEL FL							
TITLE	DELETE		2 4 CITY-ST-ZIP 3 1 TITLE			<del></del>	Change	Addition
NAME		<u></u>	3.2 NAME			_		
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-	i i				
TITLE		DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAMŁ					
STREET ADDRESS			4.3 S1REE1	ADORESS				
CITY-ST-ZIP	_	•	4.4 CHY- 9	S1-21P				
TITLE		☐ DELETE	5.1 TITLE			L	Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 City-S	ST - ZIP				
TITLE		☐ DELETE	61 TITLE	T			Change	Addition
NAME			6 2 NAME					
STREET ADDRESS			6 3 STREE	ADDRESS				
CITY-ST-ZIP			£.4 CITY - 8	S1 - ZIP				

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 lam 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 appéars in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Polsest (1) los

122.20

Don-H-1-97

(941)472475