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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L91643** (1)

1. Corporation Name
NOBLE ENTERPRISES OF SOUTH FLORIDA, INC.

Principal Place of Business

**8362 PINES BLVD
SUITE 120
PEMBROKE PINES FL 33024**

Mailing Address

**8362 PINES BLVD
SUITE 120
PEMBROKE PINES FL 33024-6800**



3. Date Incorporated or Qualified **08/02/1990** 3a. Date of Last Report **02/16/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Zip **25** Country

27 City & State

28 Zip **30** Country

4. FEI Number **65-0211730** 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MORENO, STEPHEN JOSEPH
8362 PINES BLVD
STE 120
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent

81 Name **MARGOT P. KENNEDY**
82 Street Address (P.O. Box Number is Not Acceptable) **8362 PINES BLVD**
83 **SUITE 120**
84 City **PEMBROKE PINES** **FL** **85** Zip Code **33024**

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

Margot P. Kennedy

4/28/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **COLVIN, GRANT L.**
STREET ADDRESS **8362 PINES BLVD #120**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **VP** ☐ DELETE
NAME **MORENO, STEPHEN J.**
STREET ADDRESS **8362 PINES BLVD #120**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **ST** ☒ DELETE
NAME **DODGE, MARY E.**
STREET ADDRESS **8362 PINES BLVD**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **ST** ☒ Change ☐ Addition
3.2 NAME **MARGOT P. KENNEDY**
3.3 STREET ADDRESS **8362 PINES BLVD #120**
3.4 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

Grant L. Colvin **GRANT L. COLVIN**

4-28-97 954-792-9601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)