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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L91643 1. Corporation Name NOBLE ENTERPRISES OF SOUTH				
Principal Place of Business	Mailing Address	·····	- 1 10041011 010 10104 11010 01111 81000 1101 01011 0101	i Biðit biðit djált Eldil láðt
8362 PINES BLVD	8362 PINES BLVD			
SUITE 120 SUITE 120				
PEMBROKE PINES FL 33024	PEMBROKE PINES FL 330	24	DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualified 08/02/1990	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		65-0211730	Not Applicable
22]	27 Solie, Apr. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	26		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the cur	rent year Intangible
24 25	29	10] Yes ☐ No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
KENNEDY, MARGOT P.		81 Name	MANNE WINNERMS	
8362 PINES BLVD		82 Street Addr	ress (F.O. Box Number is Not Acceptable)	
120		<u> </u>	of Lines Bring 4 40	
PEMBROKE PINES FL 33024		83	·	
	,	84 City DAN	Darish Dalde	85 Zip Code
44 December 10 the applications of Sections COZ OF OZ	and 607 1500 Clarida Statutas	1/2/1	RIOKE HINES ET	33014
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation	and 607.1508, Florida Statutes If Florida. Such change was au	thorized by the corporate	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	ojntment as registered
				198
SIGNATURE DIANNE WILLIAM Signature, typed or printed name of registered agent		Hegistered Agent signature requir	ved when reinstating) DATE	/0
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE P	DELETE	1.1 TITLE	3	Change Addition
NAME COLVIN, GRANT L.		1.2 NAME	MANNE WINDAMS # 112	•
STREET ADDRESS 8362 PINES BLVD #120		1.3 STREET ADDRESS	year hings Brog 4180	
CITY-ST-ZIP PEMBROKE PINES FL		1.4 CITY-ST-ZIP	PRIMARORY MURS. M. 330	,W
TITLE VP	DELETE	2.1 TITLE		Change Addition
NAME MORENO, STEPHEN J.		2.2 NAME		
STREET ADDRESS 8362 PINES BLVD #120		2.3 STREET ADDRESS		
CITY-ST-ZIP PEMBROKE PINES FL		2. 4 CITY-ST-ZIP		
TITLE ST	☐ DELETE	31 TITLE		Change Addition
NAME KENNEDY, MARGOT P.		3.2 NAME		
STREET ADDRESS 8362 PINES BLVD #120		3.3 STREET ADDRESS		
CITY-ST-ZIP PEMBROKE PINES FL	[] or ere	3.4. CITY - ST - ZIP		
TITLE	DELETE	4,1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP TIFLE	☐ DELETE	4.4 CHY-ST-ZIP 5.1 TITLE		Change Addition
	C) official			C Citange C Addition
NAME STREET ADDRESS		5.2 NAME		
		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE				
	DELETE			Change Addition
NAME	DELETE	6.1 TITLE 6.2 NAME	, —	Change Addition

City-st-2iP

14. Thereby 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 chapted, or on an attachment with an address.

Feb 17 1998 8:00am

Secretary of State