

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M98620** (1)

1. Corporation Name
NOBLE TRADING, INC.



Principal Place of Business
**P. O. BOX 7043
HOLLYWOOD FL 33081**

Mailing Address
**P. O. BOX 7043
HOLLYWOOD FL 33081**

3. Date Incorporated or Qualified **09/15/1988** 3a. Date of Last Report **01/27/1995**

2. Principal Place of Business
21 **P.O. Box 9906**
Suite, Apt. #, etc.

2a. Mailing Address
26 **P.O. Box 9906**
Suite, Apt. #, etc.

4. FIC Number **65-0079515** Applied For Not Applicable

23 **NAPLES FLORIDA**
City & State
24 **33941-9906** 25 **USA**
Zip County

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City & State
28 **33941-9906** 30 **USA**
Zip County

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
**PICKARD, EDWIN
4104 N 48TH TERR
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent
81 Name **PICKARD, ED**
82 Street Address (P.O. Box Numbers Not Acceptable) **8015 BELMONT COURT**
83
84 City **NAPLES** FL 85 Zip Code **33962**

11. Pursuant to the provisions of Sections 607.0505 and 607.1702, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations imposed by the Florida Statutes.

SIGNATURE *[Signature]* DATE **1-29-96**

12. OFFICERS AND DIRECTORS

1. TITLE	DPS	<input type="checkbox"/> DELETE
2. NAME	PICKARD, ED	
3. STREET ADDRESS	4104 N 48TH TERR	
4. CITY, ST, ZIP	HOLLYWOOD FL	
5. TITLE	D	<input type="checkbox"/> DELETE
6. NAME	PICKARD, MURIEL	
7. STREET ADDRESS	4104 N 48TH TERR	
8. CITY, ST, ZIP	HOLLYWOOD FL	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DIRECTOR - PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	PICKARD ED	
3. STREET ADDRESS	8015 BELMONT COURT	
4. CITY, ST, ZIP	NAPLES FL 33962	
5. TITLE	DIRECTOR - SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	PICKARD MURIEL	
7. STREET ADDRESS	8015 BELMONT COURT	
8. CITY, ST, ZIP	NAPLES, FL 33962	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not pertain to the corporation state in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or report only 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 person or persons authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears on block 12 or Block 13 if changed, on an attached form, if an address.

SIGNATURE: *[Signature]* DATE **1-29-96** **941-793-1008**

CR2E034 (12/95)