

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

FILED

96 SEP 20 PM 1:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # N94000004619 (2)

1. Corporation Name
 THE NOAH GROUP, INC.

Principal Place of Business Mailing Address
 P.O. BOX 770395 Ocala FL 34477
 P.O. BOX 770395 Ocala FL 34477

3. Date Incorporated or Qualified 09/16/1994
 3a. Date of Last Report 05/01/1995

2. Principal Place of Business 2a. Mailing Address
 21 1524 N MAGNOLIA 26 1524 N MAGNOLIA

Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27

City & State City & State
 23 Ocala, Florida 28 Ocala, Florida

Zip Country Zip Country
 24 34475 25 MARION 29 34475 30 MARION

4. FEI Number 59-3274371
 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 10. Name and Address of New Registered Agent

SMITH, CHERYL A
 8950 SE 72ND AVE
 Ocala FL 34472

81 Name MILLER, PHILIP E.
 82 Street Address (P.O. Box Number is Not Acceptable) 8425 SW 3RD CT
 83
 84 City Ocala FL 85 Zip Code 34476

Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Philip Miller* DATE 7/31/96
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME SMITH, CHERYL A
 STREET ADDRESS 8950 SE 72ND AVE
 CITY-ST-ZIP Ocala FL

TITLE VD DELETE
 NAME PARRISH, CHERYL L
 STREET ADDRESS 1909 S.E. 13TH STREET
 CITY-ST-ZIP Ocala FL

TITLE SD DELETE
 NAME RICHARD, CAROL K
 STREET ADDRESS 28 LAKE WOOD CIRCLE
 CITY-ST-ZIP Ocala FL

TITLE T DELETE
 NAME WILSON, WENDY L
 STREET ADDRESS 12 HILL PRINCE DRIVE
 CITY-ST-ZIP Ocala FL 34482

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

1.1 TITLE PRESIDENT T Change Addition
 1.2 NAME MILLER, PHILIP E
 1.3 STREET ADDRESS 8425 SW 3RD CT
 1.4 CITY-ST-ZIP Ocala FL 34476

2.1 TITLE VICE PRESIDENT T Change Addition
 2.2 NAME HODGE, JEANNIE
 2.3 STREET ADDRESS 19370 SE 92ND ST.
 2.4 CITY-ST-ZIP Ocklawaha, FL 32179

3.1 TITLE SECRETARY T Change Addition
 3.2 NAME WEAKEY, DARLENE
 3.3 STREET ADDRESS 9419 NE JACKSONVILLE RD
 3.4 CITY-ST-ZIP Ocala, FL 32617

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS 100001968291
 4.4 CITY-ST-ZIP -10/08/96--01155--001

5.1 TITLE *****61.25 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Philip Miller* DATE 7/31/96 (352)347-2206
 Signature and typed or printed name of signing officer or director Daytime Phone #