

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 P.O. BOX 770395
 OCALA FL 34477 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 *Phil 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	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, CHERYL A	
STREET ADDRESS	8950 SE 72ND AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PARRISH, CHERYL L	
STREET ADDRESS	1909 S.E. 13TH STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RICHARD, CAROL K	
STREET ADDRESS	28 LAKE WOOD CIRCLE	
CITY-ST-ZIP	OCALA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILSON, WENDY L	
STREET ADDRESS	12 HILL PRINCE DRIVE	
CITY-ST-ZIP	OCALA FL 34482	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HODGE, JEANNIE	
2.3 STREET ADDRESS	19370 SE 92ND ST.	
2.4 CITY-ST-ZIP	OKLAWAHA, FL 32179	
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WEAKLEY, DARLENE	
3.3 STREET ADDRESS	9419 NE JACKSONVILLE RD	
3.4 CITY-ST-ZIP	OCALA, FL 32617	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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