

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000004619 (2)**  
1. Corporation Name  
**THE NOAH GROUP, INC.**



Principal Place of Business <b>1524 N. MAGNOLIA OCALA FL 34475</b>	Mailing Address <b>1524 N. MAGNOLIA OCALA FL 34475-9081</b>
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3. Date Incorporated or Qualified <b>09/16/1994</b>	3a. Date of Last Report <b>09/20/1996</b>
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2. Principal Place of Business 21. Suite, Apt #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number <b>59-3274371</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MILLER, PHILIP A E  
8425 SW 3RD CT  
OCALA FL 34476**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
**FL** 85. Zip Code

11. 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>WILSON, WENDY L</b>	
STREET ADDRESS	<b>12 HILL PRINCE DRIVE</b>	
CITY - ST - ZIP	<b>OCALA FL 34482</b>	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	<b>MILLER, PHILIP E</b>	
STREET ADDRESS	<b>8425 SW 3RD CT</b>	
CITY - ST - ZIP	<b>OCALA FL 34476</b>	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	<b>HODGE, JEANNIE</b>	
STREET ADDRESS	<b>19370 SE 92ND ST.</b>	
CITY - ST - ZIP	<b>OCKLAWAHA FL 32179</b>	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	<b>WEAKLEY, DARLENE</b>	
STREET ADDRESS	<b>9419 NE JACKSONVILLE RD</b>	
CITY - ST - ZIP	<b>OCALA FL 32617</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	

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

SIGNATURE: Philip Miller **PHILIP MILLER** **5/6/97** **347-2206**

CR2E037 (9/96)