## 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 #
1. Corporation Name NOALA, INC. Mailing Address Principal Place of Business 5636 CLIFFORD CIRCLE 5636 CLIFFORD CIRCLE **BIRMINGHAM AL 35210** BIRMINGHAM AL 35210 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/20/1989 4, FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 63-0991612 Not Applicable 26 21 Suite, Apt. #, etc **\$8.75** Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 8. This corporation owes or has paid the current year Intangible Zip Zip Country ☐ No Personal Property Tax due June 30. Yes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 Zip Code 84 85 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (10/97) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE 1.1 TITLE TITLE SUTHERLAND, CAROLYN G. 1.2 NAME NAME 5636 CLIFFORD CIRCLE 1.3 STREET ADDRESS STREET ADDRESS **BIRMINGHAM AL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE SUTHERLAND, CAROLYN G. 2.2 NAME NAME 5636 CLIFFORD CIRCLE 2.3 STREET ADDRESS STREET ADDRESS **BIRMINGHAM AL** 2. 4 CITY-ST-ZIP CITY-ST-ZIP VSD Change Addition DELETE 3.1 TITLE TITLE SUTHERLAND, CAROLYN G. 3.2 NAME NAME 5636 CLIFFORD CIRLCE 3.3 STREET ADDRESS STREET ADDRESS **BIRMINGHAM AL** 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change \_\_\_ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I 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 of vustee empowered to execute this report as induired by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

Block 12 or Block 13 if char

CITY-ST-ZIP

Daytime Phone #

Date

**FILED** 

May 06, 1998 8:00 am Secretary of State

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