

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P93000001208 (6)**

1. Corporation Name  
**NOEL ENTERPRISES, INC.**



Principal Place of Business: **2613 SOUTH ORLANDO DRIVE SANFORD FL 32773**  
Mailing Address: **2613 SOUTH ORLANDO DRIVE SANFORD FL 32773**

|                                |                                                 |                     |                     |
|--------------------------------|-------------------------------------------------|---------------------|---------------------|
| 2. Principal Place of Business |                                                 | 2a. Mailing Address |                     |
| 21                             | Suite, Apt. #, etc.                             | 26                  | Suite, Apt. #, etc. |
| 22                             | City & State                                    | 27                  | City & State        |
| 23                             | Zip                                             | 28                  | Country             |
| 24                             | Country                                         | 29                  | Zip                 |
| 30                             | 9. Name and Address of Current Registered Agent |                     |                     |

|                                                                                         |                                                                                 |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified                                                       | 3a. Date of Last Report                                                         |
| <b>12/31/1992</b>                                                                       | <b>03/09/1995</b>                                                               |
| 4. FEI Number                                                                           | Applied For                                                                     |
| <b>59-3159019</b>                                                                       | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired                                                        | <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No             |
| 10. Name and Address of New Registered Agent                                            |                                                                                 |

|    |                                                    |
|----|----------------------------------------------------|
| 81 | Name                                               |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |                                                    |
| 84 | City                                               |
| 85 | Zip Code                                           |

11. Pursuant to the provisions of Sections 607.0402 and 609.1402, 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 617.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>NOEL, JOHN C III</b>                  | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>2613 SOUTH ORLANDO DRIVE</b>          | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>SANFORD FL 32773</b>                  | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE          | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                          | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                          | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                          | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE          | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                          | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                          | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                          | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE          | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                          | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                          | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                          | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE          | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                          | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                          | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                          | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE          | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                          | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                          | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                          | 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 in 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 607, Florida Statutes, and that my name appears in Block 12 or 13 of this filing or on an attachment with an address.

SIGNATURE: *John C Noel III* **John C Noel III** **3-27-96** **407 323 9688**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)