FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000011672 (1)**

1. Corporation Name

NOBLETT & ASSOCIATES, INC.

Principal Place of Business

515 SEABREEZE BLVD
SUITE 208
FT LAUDERDALE FL 33316

Mailing Address

515 SEABREEZE BLVD
SUITE 208
FT LAUDERDALE FL 33316

3. Date Incorporated or Qualified: 02/16/1993

3a. Date of Last Report: 04/14/1995

4. FEI Number: 65-0460056 ☐ 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

	2. Principal Place of Business	2a. Mailing Address
21 / 26	515 E. Las Olas Blvd	515 E. Las Olas Blvd
22 / 27	Suite, Apt. #, etc. #940	Suite, Apt. #, etc. #940
23 / 28	City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
24 / 29	Zip 33301	Zip 33301
25 / 30	Country USA	Country USA

9. Name and Address of Current Registered Agent

NOBLETT, PAUL W
515 SEABREEZE BLVD
SUITE 208
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 515 E. Las Olas Blvd, #940

83

84 City Fort Lauderdale FL 85 Zip Code 33301

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: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOBLETT, PAUL W 515 SEABREEZE BLVD, SUITE 208 FT LAUDERDALE FL 33316 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☑ Change ☐ Addition 515 E. Las Olas Blvd #940 Fort Lauderdale, FL 33301
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOBLETT, STEPHANIE S 515 SEABREEZE BLVD, SUITE 208 FT LAUDERDALE FL 33316 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☑ Change ☐ Addition 515 E. Las Olas Blvd #940 Fort Lauderdale, FL 33301
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is accurate, that I have read and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul W Noblett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #