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 # P93000011672 (1)

NOBLETT & ASSOCIATES, INC.

FILED Mar 12 1998 8:00am Secretary of State

_							
Principal Plac	e of Business	Mailing Add	ress			A CONTAIN 198 IN INC. AND	**** **** **** **** **** **** **** ****
515 E LAS C	DLAS BLVD	515 E LAS	OLAS BLVD				
940	ALC EL 60004	940	MALE EL 2002.			DO MOT WINTE WEEK	0.004.05
FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 US					DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualified 02/16/1993	
·	lace of Business	2a. Mailing	Address			4. FEI Number	Applied For
21		26				65-0460056	Not Applicable
Suite, Apt.	#, etc.	}—·¬	ot. #, etc.			6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	0		City & State			6 Station Commiss Singular	
23	U .	28	ato			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z(j)		Country		8. This corporation owes or has paid the o	
24	25	29	30	-		Personal Property Tax due June 30.	Yes Yes
	9. Name and Address of Cur		···	<u> </u>		10. Name and Address of New Registere	
NC	BLETT, PAUL W	-		81	Name		
	5 E LAS OLAS BLVD			-	Ctenat	ddrong /D.O. Boy Nillands - in Nist Assessful 1-1	
SUITE 940				82	Street A	ddress (P.O. Box Number is Not Acceptable)	
	LAUDERDALE FL 33301			83			
\				ــِــا	-		
:				84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607,1508,	lorida Statules,	the above	-named c		of observing its registered
The provisions of sections of victor and corrected agovernance corporation's board of directors. Thereby accept the appointment as registered agont, I are terminally accept the appointment as registered agont, I are terminally accept the appointment as registered agont, I are terminally and accept the object of Socion 607.0505, Florida Statutes.							
	TANK YOUR	JUM		out outdoor			
SIGNATURE	Signature typed or printed name of registered	agent and the framplicable	R-ITON)	legistered Age	nl signature re	ogured when reinstating) DATE	
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	0	Ĺ	DELFTE	1.1 TITLE			Change Addition
NAME	NOBLETT, PAUL W			1.2 NAME			
STREET ADDRESS	515 E LAS OLAS BLVD #8	140		1.3 STREET	ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL			14 CITY-S	T-ZIP		
TITLE	D ANDREST ATTOURNES A	L	DELETE	2.1 TITLE	{		Change
NAME	NOBLETT, STEPHANIE S			2.2 NAME	ľ		
STREET ADDRESS	515 E LAS OLAS BLVD #9	140		2.3 STREET	ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL			2.4 CITY-5	T-ZIP		
TALE		L	_] DELETE	3.1 TITLE	}		Change Addition
NAME				3.2 NAME			
STREET ADDRESS				3 3 STREET	ADDRESS		
CITY-ST-ZIP	·		7 55/55	3.4. CITY - 5	T-ZIP	**************************************	
TITLE		Ļ	_ DELETE	4.1 TITLE			Change Addition
NAME				4. 2 NAME			ľ
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP			Driese	4.4 CITY - S	T-ZIP		
TITLE		Ĺ	_] DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME				5.2 NAME	ĺ		
STREET ADDRESS				5.3 STREET	- 1		ļ
CITY-ST-ZIP			7 57.535	54 CITY-S	T-ZIP		
TITLE		L	_ DELETE	61 TITLE			☐ Change ☐ Addition
NAME				62 NAME			
STREET ADDRESS				6.3 STAEET			ļ
CITY-ST-ZIP				64 CITY-S	1-28P		f

I. Thereby contify 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 directly of the sortional 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 in changed, or so an attachment with the address.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/98 951-525-473

32E034 (10/97)