FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000077377 (8)

1. Corporation Name

NOEL RUSS SERVICE, INC.

Principal Place of Business
113 ALCAZAR ST
ROYAL PALM BEACH FL 33411

Mailing Address
113 ALCAZAR ST
ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite Apt # or Rm (22)
Suite Apt # or Rm (27)
City & State (23)
City & State (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: 65-0437080 — 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. Does corporation qualify for intangible tax under S. 199.032 Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RUSS, NOEL
113 ALCAZAR ST
ROYAL PALM BEACH FL 33411

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 Section 607.0505, 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

12. OFFICER AND DIRECTOR

TITLE	P
NAME	NOEL, RUSS
STREET ADDRESS	113 ALCAZAR ST
CITY, ST, ZIP	ROYAL PALM BEACH FL
TITLE	V
NAME	RUSS, KELLY
STREET ADDRESS	113 ALCAZAR ST
CITY, ST, ZIP	ROYAL PALM BEACH FL

13. APPOINTMENTS, CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Add/Del

14. I hereby certify that the information supplied with this report is accurately transcribed and correctly for the purposes stated in Section 607.0505, Florida Statutes. I further certify that the information indicated on the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears above, or on attachments hereto, as an officer or director with no address.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-30-95
Date

0281316 CP