

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 25 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P94000027497 (4)

1. Corporation Name
NOAKES-FRY ASSOCIATES, INC.



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| Principal Place of Business 11920 HACIENDA SQ NO. 281 SEMINOLE FL 34642 US | Mailing Address 11234 PARK BLVD NO 220 SUITE #104-220 SEMINOLE FL 34642 US |
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DO NOT WRITE IN THIS SPACE

| | | |
|--|---|--|
| 2. Principal Place of Business 21 11927 OTERO CT Suite, Apt. #, etc. 22 #194 City & State 23 SEMINOLE FL Zip 24 33772 | 2a. Mailing Address 26 11234 PARK BLVD Suite, Apt. #, etc. 27 STE 104-220 City & State 28 SEMINOLE FL Zip 29 33772 | Country 25 PINELLAS Country 30 PINELLAS |
|--|---|--|

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 04/08/1994 | 3a. Date of Last Report 02/16/1996 |
| 4. FEI Number 59-3269827 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
FRY, ROGER B
11920 HACIENDA SQ
SUITE 281
SEMINOLE FL 34642

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|--|
| 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 11927 OTERO CT 83 #194 84 City SEMINOLE FL 85 Zip Code 33772 |
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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: *Roger B. Fry*

(NOTE: Registered Agent signature required when reinstating)

7/22/97

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------|
| TITLE | PC |
| NAME | NOAKES-FRY, KRISTEN |
| STREET ADDRESS | 11920 HACIENDA SQ #281 |
| CITY-ST-ZIP | SEMINOLE FL |
| TITLE | VT |
| NAME | FRY, ROGER |
| STREET ADDRESS | 11920 HACIENDA SQ #281 |
| CITY-ST-ZIP | SEMINOLE FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| X STREET ADDRESS | 11927 OTERO CT, #194 |
| X CITY-ST-ZIP | SEMINOLE FL 33772 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 11927 OTERO CT, #194 |
| 2.4 CITY-ST-ZIP | SEMINOLE FL 33772 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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 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: *Kristina W. Fry*

7/22/97

813-392-4029

CR2E034 (4/97)