

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shandra B. Merriam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000072853 (2)**

1. Corporation Name

NOB HILL PARTNERS, INC.



Principal Place of Business

Mailing Address

1846 NOB HILL ROAD
PLANTATION FL 33322
US

P.O. BOX 02-9010
FORT LAUDERDALE FL 33302-9010

2. Principal Place of Business

2a. Mailing Address

21 Sub, Apt #, etc

26 Sub, Apt #, etc

22 City & State

27 City & State

23 Zip

25 County

28 Zip

30 County

9. Name and Address of Current Registered Agent

**MATTEL, HARVEY
633 SOUTH FEDERAL HWY., 8TH FL.
FT. LAUDERDALE FL 33301**

3. Date Incorporated or Qualified

10/04/1994

3a. Date of Last Report

02/06/1995

4. FEI Number

65-0530172

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

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 Sections 607.05(2) and 607.15(3), 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 607.05(5), Florida Statutes.

SIGNATURE

Signature of the registered agent, or both, if the registered agent is a corporation

Signature of the registered agent, or both, if the registered agent is a partnership

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	PD	13.1 TITLE	
12.2 NAME	SCHMIDT, MARK	13.2 NAME	
12.3 STREET ADDRESS	1846 NOB HILL ROAD	13.3 STREET ADDRESS	
12.4 CITY-STATE-ZIP	PLANTATION FL	13.4 CITY-STATE-ZIP	
12.5 TITLE	VSTO	13.5 TITLE	
12.6 NAME	MATTEL, HARVEY	13.6 NAME	
12.7 STREET ADDRESS	633 S. FEDERAL HWY. 8TH FL.	13.7 STREET ADDRESS	
12.8 CITY-STATE-ZIP	FT. LAUDERDALE FL	13.8 CITY-STATE-ZIP	
12.9 TITLE		13.9 TITLE	
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY-STATE-ZIP		13.12 CITY-STATE-ZIP	
12.13 TITLE		13.13 TITLE	
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY-STATE-ZIP		13.16 CITY-STATE-ZIP	
12.17 TITLE		13.17 TITLE	
12.18 NAME		13.18 NAME	
12.19 STREET ADDRESS		13.19 STREET ADDRESS	
12.20 CITY-STATE-ZIP		13.20 CITY-STATE-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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARVEY MATTEL, VICE PRESIDENT

1-19-96

(954) 763-5095

CR2E034 (12/95)