

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 15 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P94000092876 (9)**

1. Corporation Name  
**NOAH FINANCIAL SERVICES, INC.**



Principal Place of Business      Mailing Address  
**1 SOUTH OCEAN BLVD., SUITE 300**      **1 SOUTH OCEAN BLVD., SUITE 300**  
**BOCA RATON FL 33432**      **BOCA RATON FL 33432-5144**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/22/1994**      **03/11/1996**  
4. FEI Number      Applied For  
**65-0356198**      Not Applicable  
5. Certificate of Status Desired      ☒ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing      ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution  
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 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.  
22 City & State      27 City & State  
23 Zip      28 Zip      Country      Country  
24      25      29      30

**9. Name and Address of Current Registered Agent**

**PAIGE, LISA K**  
**1515 N FEDERAL HWY**  
**SUITE 208**  
**BOCA RATON FL 33432**

**10. Name and Address of New Registered Agent**

81 Name      **JOSEPH J. GIULIANO**  
82 Street Address (P.O. Box Number is Not Acceptable)      **One SOUTH OCEAN BLVD.**  
83      **SUITE 300**  
84 City      **BOCA RATON**      85 Zip Code      **FL 33432**

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 *Joseph J. Giuliano*      **JOSEPH J. GIULIANO**      **1-8-97**  
(Signature of person who printed name of registered agent and title is applicable)      (NOTE: Registered Agent signature required when reinstating)      DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PAIGE, LISA</b>	
STREET ADDRESS	<b>21819 TOWN PLACE DR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>T/S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JOSEPH J. GIULIANO</b>	
1.3 STREET ADDRESS	<b>2101 ATLANTIC SHORES BLVD. #202</b>	
1.4 CITY-ST-ZIP	<b>HALLANDALE, FL. 33009</b>	
2.1 TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>JOSEPH EDWARD CONTI</b>	
2.3 STREET ADDRESS	<b>6511 NE. 20th AVE.</b>	
2.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL. 33064</b>	
3.1 TITLE	<b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ANDREW J. PALUMBO</b>	
3.3 STREET ADDRESS	<b>1155 SW. 5th CT.</b>	
3.4 CITY-ST-ZIP	<b>BOCA RATON, FL. 33432</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>HOWARD CASS</b>	
4.3 STREET ADDRESS	<b>1440 SW 21st LANE</b>	
4.4 CITY-ST-ZIP	<b>BOCA RATON, FL. 33486</b>	
5.1 TITLE	<b>B</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>ALBERT POLIAK</b>	
5.3 STREET ADDRESS	<b>3801 NE 27th TERRACE</b>	
5.4 CITY-ST-ZIP	<b>LIGHTHOUSE POINT, FL. 33064</b>	
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: *Joseph J. Giuliano*      **JOSEPH GIULIANO**      **1-8-97 (561)750-6045**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)