

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000092876 (9)**

1. Corporation Name

NOAH FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

**1 SOUTH OCEAN BLVD., SUITE 300
BOCA RATON FL 33432**

**1 SOUTH OCEAN BLVD., SUITE 300
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1994

4. FEI Number

65-0356198

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 Country

28 Zip Country

9. Name and Address of Current Registered Agent

**JOSEPH J. GIULIANO
ONE SOUTH OCEAN BLVD.
SUITE 300
BOCA RATON FL 33432**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TSD	<input type="checkbox"/> DELETE
NAME	JOSEPH J. GIULIANO	
STREET ADDRESS	2101 ATLANTIC SHORES BLVD., #202	
CITY-ST-ZIP	HALLANDALE FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOSEPH EDWARD CONTI	
STREET ADDRESS	6511 NE 20TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANDREW J. PALUMBO	
STREET ADDRESS	1155 SW 5TH CT.	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWARD CASS	
STREET ADDRESS	1440 SW 21ST LANE	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALBERT POLIAK	
STREET ADDRESS	3801 NE 27TH TERRACE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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** **4/27/98** **561-750-6045**

CR2E034 (10/97)