04191999-90132-030-$150.00-$150.00

FILED
Apr 19, 1999 8:00 am
Secretary of State
04-19-1999 90132 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000092876**

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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 the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: ALBERT POLIAK
82 Street Address (P.O. Box Number is Not Acceptable): ONE SOUTH OCEAN BLVD.
83: SUITE 300
84 City: BOCA RATON FL 85 Zip Code: 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 _____ 7-15-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TSD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOSEPH J. GIULIANO		1.2 NAME		
STREET ADDRESS	2101 ATLANTIC SHORES BLVD., #202		1.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-ST-ZIP		
TITLE	~~P~~D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	JOSEPH EDWARD CONTI		2.2 NAME		
STREET ADDRESS	6511 NE 20TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ANDREW J. PALUMBO		3.2 NAME		
STREET ADDRESS	1155 SW 5TH CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOWARD CASS		4.2 NAME		
STREET ADDRESS	1440 SW 21ST LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	ALBERT POLIAK		5.2 NAME		
STREET ADDRESS	3801 NE 27TH TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: _____ 4-15-99 (561) 750-6045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #