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PROFIT CORPORATION MUNUAL REPORT.



FLORIDA DEPARTMENT OF STATE

Sandra B? Mortham

Secretary of State
DIVISION OF CORPORATIONS

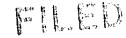
DOCUMENT # P95000041955 (2)

M. NOEL AND COMPANY, INC.

Principal Place of Business

Mailing Address

2950 FALLING TREE CIRCLE ORLANDO FL \$2837 2950 FALLING TREE CIRCLE ORLANDO FL 32837-7092



97 JUN 24 PH 3: 52

SECRE LAKY OF STATE TALLAHASSEE FLORIDA



					3. Date Incorporated or Qualified			
2. Principal P	lace of Business	2a. Mailing Address 26			4. Fet Number APPLIED FOR 250-S1-8397 Not Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	_K ∕1 \$8.79	5 Additional Required		
City & State	в	City & State			6. Election Campaign Financing Trust Fund Contribution	70.00		
Zip	Country	Zip	Cou	nlry	8. This corporation has liability for in			
24	25	29	30			Yes No		
	9. Name and Address of Current	Hegistered Agent		81 Name	10. Name and Address of New Reg	Jistered Agent		
GOLDMAN, M. NOEL L. 2060 FALLING TREE CIRCLE ORLANDO FL 32837								
				82 Street Address (P.O. Box Number is Not Acceptable)				
VNL	ANDO PL S2831		83					
*				84 City		FL 85 Zi	ip Code	
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statut	os, the at	pove-named cor	poration submits this statement for the pr	urnose of changing	g its registered	
agent. La	egistered agent, or both, in the State of m familiar with, and accept the obligati	r Florida. Such change was a ons of, Section 607.0505, Fli	authorized orida Stat	d by the corpora utes:	ation's board of directors. I hereby accep	t the appointment	as registered	
SIGNATURE.	•							
	Signature, typed or printed name of registered agent			Agent signature requ	uired when reinstating)	DATE		
12.	OFFICERS AND	DELETE	13.	'ır	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO		
NAME	GOLDMAN, M. NOEL L	□ vcccit						
STREET ADDRESS	2950 FALLING TREE CIRCLE		1.2 NA	REET ADDRESS	7000022 -06/26/9	24327	'—-b	
CITY-ST-ZIP	ORLANDO FL 32837			TY-ST-7IP	-06/26/9	//U11U4	-009	
TITLE		DELETE	2.1 III		***173	.75 ****		
NAME		_	2.2 NA					
STREET ADDRESS			2.3 ST	REET ADDRESS	Ç.	No. of		
CITY-ST-ZIP			2.40	TY-\$T-7/P				
TITLE	DELETE 3.1		3.1 111	Lŧ		☐ Chang	e Addition	
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 S1	reet address				
CITY-ST-ZIP				TY-ST-ZIP				
TITLE		□ DELETE	4.1 10			L Change	e 🔲 Addition	
NAME			4. 2 N/					
STREET ADDRESS				REET ADDRESS	•			
TITLE T-ZIP		DELETE	4.4 C() 5.1 T()	IY-ST-ZIP		Change	e Addition	
NAME		End Officers	5.1 III 5.2 NA			டாவரி	י ביין אטטוטטוו	
STREET ADDRESS			4	REET ADDRESS				
CITY-ST-ZIP				IY-ST-ZIP				
TITLE		☐ DELETE	6.1 TIT			☐ Change	e Addition	
NAME	•	4	6.2 NA	ME		_ •		
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
informatio	n indicated on this annual report or sur ficer or director of the corporation or the high Block 12 or Block 13 if changed, or p	mlemental ennual report is t	ruo and a	courate and the	ed in Section 119.07(3)(i), Florida Statutes at my signature shall have the same logal ort as required by Chapter 607, Florida St	offeet on it made a	upolo (Alkita) ibak	