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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT #P95000053164

1. Corporation Name
CASA NOBLE, INC.



Principal Place of Business
~~2124 CANOE CREEK ROAD~~
~~ST. CLOUD FL 34769~~
901 SWEETWATER BLVD. S.
LONGWOOD FL 32779

Mailing Address
~~2124 CANOE CREEK ROAD~~
~~ST. CLOUD FL 34769~~
Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 901 Sweetwater Blvd.
Suite, Apt. #, etc. South
City & State Longwood FL
Zip 32779 Country USA

2a. Mailing Address
26 901 Sweetwater Blvd.
Suite, Apt. #, etc. South
City & State Longwood FL
Zip 32779 Country USA

3. Date Incorporated or Qualified
07/05/1995

4. FEI Number
59-3324048

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
HETESY, TAMAS
2124 CANOE CREEK ROAD
ST. CLOUD FL 34769

10. Name and Address of New Registered Agent

81 Name HETESY, TAMAS
82 Street Address (P.O. Box Number is Not Acceptable)
901 Sweetwater Blvd. S.
83
84 City Longwood FL 85 Zip Code 32779

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 *Tamas Hetesy* TAMAS HETESY PRES. 3/28/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE
NAME TAMAS, HETESY
STREET ADDRESS ~~2124 CANOE CREEK RD.~~ 901 SWEETWATER BLVD. S.
CITY-ST-ZIP ~~ST. CLOUD FL~~ LONGWOOD FL 32779

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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, with all other like empowered.

SIGNATURE: *Tamas Hetesy* T. HETESY PRES. 3/28/99 (407) 7882234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #