## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FEORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P95000071264 (2)

NOBEYER, INC.



313 SUITH										
HALLANDALE	EAST 1ST AVENUE E FL 33009		OUTH EAST 1: NDALE FL 330							
							corporated or Qualified /15/1995	<b>3a</b> . Da	ate of Last	Report
2. Principal Plac	be of Business	2a. Mailing	Address			4. FEI Nu			L	Applied For
21		26				65-	060807	6		Not Applicable
Suite, Apt. #,	, etc	F:-1	Apt #, etc			5. Certific	ate of Status Desired	KQ.	\$8.	75 Additional
2 0.000		27	Penen			C []	- Compains Cassains			e Required
City & State		City & S	piato				n Campaign Financing Jund Contribution			.00 May Be ded to Fees
Zip 24	Country 25	Zip 29		Gountr 30	у		orporation has liability for Statutes X Yes	intangible s 🔲 No	tax unde	s 199.032,
<u></u>	g, Name and Address of Curre		gent				and Address of New	Registere	d Agent	
				8	Name					
NOBLE, WILLIAM 313 SOUTH EAST 1ST AVENUE			82 Street Add		dress (P.O. Box Number is Not Acceptable)					
	NDALE FL 33009			8	3					
				8	1 City	<del> </del>		F	85	Zip Code
familiar with	d agent, or both, in the State of Flor a, and accept the obligations of, Sax	tion 607.0505, FI	orida Statutes	S.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,			
SIGNATURE	Signature, Type 1 or printed has sold registere 1 ages	na an a tare di sepal dalah		Of: Biognaeont Âg	uut sigiraharu reejur	in diwhali redult shogi.		DATE		
12.	Signaturi, type tier printed har is of registered age OF FICERS AN	NO DIRECTORS	. (44	Off: Registered Ag	out signature recjuir		ONS/CHANGES TO OF			
12.	OFFICERS AN	NO DIRECTORS	DELETE				ONS/CHANGES TO OF		ND DIREC	
12.	OFFICERS AND NOBLE, WILLIAM	NO DIRECTORS		13. 1 1 Talu 1 2 NAM			ONS/CHANGES TO OF			
S 12. TITLE NAME STREET ADDRESS	OFFICERS AND D NOBLE, WILLIAM 1344 ADAMS STREET	NO DIRECTORS		13. 1 1 Talul 12 NAM 13 STRE	EL ADDRESS		ONS/CHANGES TO OF			
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riod nereby dering that the information supplied with this name is voluntarily furnished and does not quality for the exemption stated in Section 119 07 only, months statutes in 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1 96 1-954-457-8374