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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000071264 (2)			
1. Corporation Name NOBEYER, INC.			
Principal Place of Business 313 SOUTH EAST 1ST AVENUE HALLANDALE FL 33009		Mailing Address 313 SOUTH EAST 1ST AVENUE HALLANDALE FL 33009-8405	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent NOBLE, WILLIAM 313 SOUTH EAST 1ST AVENUE HALLANDALE FL 33009			
10. Name and Address of New Registered Agent 81 Name DADE COUNTY CORPORATE AGENTS, INC. Attention: Alan J. Lewis, V.P. 82 Street Address (P.O. Box Number is Not Acceptable) 20801 Biscayne Blvd., #505 83 84 City Aventura FL 85 Zip Code 33180			
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 DADE COUNTY CORPORATE AGENTS, INC., By: Alan J. Lewis, V.P. 4/2/97 (NOTE: Registered Agent Signature Required When Changing)			
12. OFFICERS AND DIRECTORS 1.1 TITLE D NOBLE, WILLIAM X DELETE 1.2 NAME NOBLE, WILLIAM 1.3 STREET ADDRESS 1344 ADAMS STREET 1.4 CITY-ST-ZIP HOLLYWOOD FL 33019 2.1 TITLE D /P/S/T X DELETE 2.2 NAME MEYER, KEVIN 2.3 STREET ADDRESS 316 SOUTH WEST 8TH STREET 2.4 CITY-ST-ZIP HALLANDALE FL 33009 3.1 TITLE X DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE X DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE X DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE X DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE X Change X Addition 1.2 NAME X Change X Addition 1.3 STREET ADDRESS X Change X Addition 1.4 CITY-ST-ZIP X Change X Addition 2.1 TITLE X Change X Addition 2.2 NAME X Change X Addition 2.3 STREET ADDRESS X Change X Addition 2.4 CITY-ST-ZIP X Change X Addition 3.1 TITLE X Change X Addition 3.2 NAME X Change X Addition 3.3 STREET ADDRESS X Change X Addition 3.4 CITY-ST-ZIP X Change X Addition 4.1 TITLE X Change X Addition 4.2 NAME X Change X Addition 4.3 STREET ADDRESS X Change X Addition 4.4 CITY-ST-ZIP X Change X Addition 5.1 TITLE X Change X Addition 5.2 NAME X Change X Addition 5.3 STREET ADDRESS X Change X Addition 5.4 CITY-ST-ZIP X Change X Addition 6.1 TITLE X Change X Addition 6.2 NAME X Change X Addition 6.3 STREET ADDRESS X Change X Addition 6.4 CITY-ST-ZIP X Change X Addition			
14. I do 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: Kevin Meyer REQUIRED 4/2/97 (954) 457-8374 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



CR2E034 (9/96)