## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$5\$0.00 **PROFIT** May 11 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT Secretary of State Secretary of Stat DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000080816 (8) THE MICHAEL NOLES STUDIO, INC. Mailing Address Principal Place of Business 7613 DAETWYLER DRIVE 7613 DAETWYLER DRIVE ORLANDO FL 32812 ORLANDO FL 32812 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 10/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3342651 Not Applicable 21 26 \$8.75 Additional Suite, Apt. # 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution Ζıρ Country 8. This corporation owes or has paid the current year Intangible 24 Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **NOLES, ROXANNE FAYE 7613 DAETWYLER DRIVE** Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32812 Zip Code 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. The objection of Section 607.0505, Florida Statutes. OFFICERS AND DIRECTORS O OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES 12. 13. TITLE DELETE Change Addition NOLES, ROBERT MICHAEL NAME 1.2 NAME 7613 DAETWYLER DRIVE 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32812 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NOLES, ROXANNE FAYE 2.2 NAME NAME 7613 DAETWYLER DRIVE 2.3 STREET ADDRESS STREET ADORESS ORLANDO FL 32812 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP

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6.1 TITLE

6.2 NAME

**63 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 of 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 of the receiver of the corporation of the receiver of the top of the corporation of the receiver of the corporation of the corporation of the corporation of the receiver of the corporation of t

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition