

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90147 002 ***150.00

DOCUMENT # P95000080816

1. Corporation Name
THE MICHAEL NOLES STUDIO, INC.



Principal Place of Business
7613 DAETWYLER DRIVE
ORLANDO FL 32812

Mailing Address
7613 DAETWYLER DRIVE
ORLANDO FL 32812
1616 HOSSNER AVE
ORLANDO, FL 32809

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1616 HOFFNER AVE

2a. Mailing Address
26
Suite, Apt. #, etc.
27 SAME
City & State
28 ORLANDO FL
Zip
29 32809 Country
30 ORANGE

3. Date Incorporated or Qualified
10/20/1995

4. FEI Number
59-3342651 Applied For
Not Applicable

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

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

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

22
City & State
23 ORLANDO FL
Zip
24 32809 Country
25 ORANGE

9. Name and Address of Current Registered Agent

NOLES, ROXANNE FAYE
7613 DAETWYLER DRIVE
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name ROXANNE FAYE NOLES
82 Street Address (P.O. Box Number is Not Acceptable)
1616 HOSSNER AVE
83
84 City ORLANDO FL 85 Zip Code 32809

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME NOLES, ROBERT MICHAEL
STREET ADDRESS 7613 DAETWYLER DRIVE
CITY-ST-ZIP ORLANDO FL 32812 ☐ DELETE

TITLE STD
NAME NOLES, ROXANNE FAYE
STREET ADDRESS 7613 DAETWYLER DRIVE
CITY-ST-ZIP ORLANDO FL 32812 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME NOLES ROBERT MICHAEL NOLES
1.3 STREET ADDRESS 1616 HOSSNER AVE
1.4 CITY-ST-ZIP ORLANDO FL 32809 ☐ Change ☐ Addition

2.1 TITLE STD
2.2 NAME NOLES ROXANNE FAYE NOLES
2.3 STREET ADDRESS 1616 HOSSNER AVE
2.4 CITY-ST-ZIP ORLANDO, FL 32809 ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: Roxanne Faye Noles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 407-855-6964
Date Daytime Phone #

CR2E034 (11/98)

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