

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000008548 (5)
1. Corporation Name

FRANK T. NOSKA III, P.A.

Principal Place of Business
105 S. NARCISSUS AVENUE
SUITE 703
WEST PALM BEACH FL 33401

Mailing Address
105 S. NARCISSUS AVENUE
SUITE 703
WEST PALM BEACH FL 33401



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1996

2. Principal Place of Business

21 606 NORTH OLIVE AVE

2a. Mailing Address

26 606 NORTH OLIVE AVE

4. FEI Number

65-0644423

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

West Palm Beach FL

28 City & State

West Palm Beach FL

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

33401

25 Country

Palm Bch

29 Zip

33401

30 Country

Palm Bch

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NOSKA, FRANK T
105 S. NARCISSUS AVENUE
SUITE 703
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

FRANK T. NOSKA III

82 Street Address (P.O. Box Number is Not Acceptable)

606 N. OLIVE AVE

83

84 City

West Palm Bch

FL

85 Zip Code
33401

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)

7/13/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME NOSKA, FRANK
STREET ADDRESS 105 S. NARCISSUS AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33401

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME FRANK T. NOSKA III
1.3 STREET ADDRESS 606 N. OLIVE AVE
1.4 CITY-ST-ZIP West Palm Bch FL 33401

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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.

SIGNATURE:

7/13/98 561-832-6266

CR2E034 (5/98)