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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000022475 (3)

FILED Jan 26 1998 8:00am Secretary of State

NOBLE	DESIGNS, INC.	()							
Principal Plac	e of Business	Mailing Address				1901 UNL !!8 !8146 1 !!! \$0!!! 58111 60!!			NEI BIN IBUR
1611 18TH AVE. DR., E 1611 18TH AVE. DR., E PALMETTO PL 34221-6503 PALMETTO FL 34221-6503						DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualified		- 4 / 114 [1141	A74.
2 Principal B	lace of Business	2a. Mailing Address				03/08/1996 4. FEI Number	- , - -	- 1 1	- Allerd For
21 26						65-0671202		, ,,	pplied For ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							<u> </u>		Additional
22						5. Certificate of Status Desired			equired
City & State City & State						6. Election Campaign Financing	,	\$5.00	May Be
23		28	,			Trust Fund Contribution			to Fees
Zip	Country	Zip	-	intry		8. This corporation owes or has paid	-		
24	25	29 Societored Agent	30	_		Personal Property Tax due June 3			_l No
	9. Name and Address of Curre	ut vedizieled Ydeut		81	Name	10. Name and Address of New Reg	istered A	yent	ner w. 10
	ILS, F.M. JR.								
	11 PARK ST., N.			82	Street Addr	ess (P.O. Box Number is Not Acceptabl	e)		- ·-
້ 81.	PETERSBURG FL 33709		i	83			· · · ·		· * * * * * * * * * * * * * * * * * * *
				84	City		FL	85 Zip	Code
11. Pursuant office or r agent. I a SIGNATURE						oration submits this statement for the pu lon's board of directors. I hereby accept	_ '	hanging intment as	its registered registered
	Signature, typed or printed name of registered as	ent and title it applicable. (NOT ID DIRECTORS	E. Registere	d Ager	nt signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DOC AND	NECTO	56 IN 15
12. TITLE	DPT OFFICERS AF	DELETE DELETE	1.1 11	TI F		ADDITIONS/CHANGES TO OFFICE	CAS WIND	Change	Addition
NAME	HUTCHESON, JUNE C		1.2 N						
STREET ADDRESS	1611 18TH AVE. DR., E				ADDRESS				
CITY-ST-ZIP	PALMETTO FL 34221-6503_			1.4 CITY-ST-ZIP					
TITLE	DVS			2.1 TITLE				Change	Addition
NAME			2.2 N/	2.2 NAME					
STREET ADDRESS	1611 18TH AVE. DR., E		2.3 \$1	2.3 STREET ADDRESS					
CITY-ST-ZIP	PALMETTO FL 34221-6503		2.40	2.4 City-St-ZIP					
TITLE	☐ DELETE		3.1 11	3.1 TITLE			,	_] Change	☐ Addition
NAME			3.2 N/	AME					
STREET ADDRESS			3.3 \$1	TREET /	ADDRESS				}
CITY-ST-ZIP				ITY-S	r-zip			1 04	
TITLE		DELETE	4.1 11		j		1	Change	Addition
NAME			4. 2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST-		- ZIP	· · · · · · · · · · · · · · · · · · ·	. ==1	Change	Addition
NAME		المنتفاد	5.3 THE 5.2 NAME		1			onange	· Addition
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				ITY-SI	1			-	
TITLE	DELETE 6.17				-		· · · ·	Change	Addition
NAME			6.2 N						
STREET ADDRESS			,		ADDRESS				
CITY-ST-ZIP				TY-ST					
						Cartley 115 5570575 Planta Challing 14		 	

I nereby ceruly triat the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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.