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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

Block 12 or Block 13 if changed



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 14 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000049369 (7)

NOONAN INSURANCE SERVICES INC.

Principal Place of Business Mailing Address 725 NORTH A1A SUITE A 106 725 NORTH A1A SUITE A-106 JUPITER FL 33477 JUPITER FL 33477 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 06/10/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 65-0671458 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 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 NOONAN, PETER J 725 NORTH A1A SUITE A-106 82 Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33477 83 84 City Zip Code 85 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** (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition Change TITLE D 1.110116 NAME NOONAN, MARGE M 1.2 NAME STREET ADDRESS 873 WINDERMERE WAY 1.3 STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Addition TITLE 2.1 TITLE Change NAME NOONAN, PETER J 2.2 NAME STREET ADDRESS **873 WINDERMERE WAY** 2.3 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33418 2 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2.NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELFTE Change Addition TITLE 5.1 THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C(1) - ST - Z(P DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. Thereby 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 at the section or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

PETER J. NOOWAN