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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000049369

Corporation Name

NOONAN INSURANCE SERVICES INC.

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90063 034 ***150.00

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Principal Place	e of Business	Mailing Address	<u></u>	I IMEIIADI II DINI BIIII DAII	II DOLIH BONE ANDER EREBU INI	A Bresa (Bri) (MA)
725 NORTH A1. JUPITER FL 334		725 NORTH A1A SUITE A-109 JUPITER FL 33477	5	DO NOT WEIL	TE IN THIS SPACE	
ļ				3. Date Incorporated or Qualifed	E IN THIS SPACE	
1				06/10/1996		
2 Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	ΙΔ	pplied For
		<u> </u>	9-11/2 4		 	ot Applicable
21 873 W1 Suite, Apt.	NDERMERE WAS	26 873 WINDEKMEK Suite, Apt. #, etc.	<u> </u>	65-0671458		Additional
22	#, etc.	27		5. Certifcate of Status Desired		equired
City & State		City & State		6. Election Campaign Financing		May Be
	BEACH GARDENS	28 PALM BEACH GA		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	8. This corporation owes the curre	· <u>-</u>	_
24 334	18 25 USA	29 3.3 4 18 3	0 USA	Personal Property Tax.	☐ Yes	No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New R	egistered Agent	
			81 Name	210		[
NOONAN, PETER J			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
725 NORTH A1A SUITE A-106			Oli edi Addi	1000 (F.O. DOX Hallison to Horr toopto	5.0,	
JUP!	TER FL 33477		83			
}			24 20		0.5 7:-	
			84 City		FL 85 Zip	Code
11 Pursuant	to the provisions of Sections 607.0502	2 and 607 1509 Florida Statutos	the above-named corr	occation cultimite this statement for the		registered
office or r	egistered agent or both in the State (of Florida. Such change was auti	norized by the corporati	ion's board of directors. I hereby accep	t the appointment as re	egistered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autitions of, Section 607.0505, Florid	norized by the corporati	ion's board of directors. I hereby accep	t the appointment as re	egistered
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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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

IGNING OFFICER OR DIRECTOR

DELETE

561-799-6683

Change

Addition