


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

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000053102 (5)					
1. Corporation Name NOBLE-KIDD CORPORATION					
Principal Place of Business 4100 ENCHANTED OAKS CIRCLE KISSIMMEE FL 34741			Mailing Address 4100 ENCHANTED OAKS CIRCLE KISSIMMEE FL 34741-2804		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/21/1996	
21		26		4. FEI Number 59-3384849	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip		Country	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
SULLIVAN, MICHAEL J 111 NORTH ORANGE AVENUE #2050 ORLANDO FL 32801			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			FL 85 Zip Code		
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE D NOBLE, R E 10610 METRIC DRIVE #190 DALLAS TX 75243			1.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
1.2 NAME			1.2 NAME		
1.3 STREET ADDRESS			1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP			1.4 CITY - ST - ZIP		
2.1 TITLE D KIDD, ANDREW E 4100 ENCHANTED OAKS CIRCLE KISSIMMEE FL 34741			2.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
2.2 NAME			2.2 NAME		
2.3 STREET ADDRESS			2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP			2.4 CITY - ST - ZIP		
3.1 TITLE			3.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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5.1 TITLE			5.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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6.1 TITLE			6.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>		
6.2 NAME			6.2 NAME		
6.3 STREET ADDRESS			6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP			6.4 CITY - ST - ZIP		
14. I do 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: <i>Robert P. Noble</i> NOBLE, PRES 3/7/97 214-343-1452					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)