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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P97000021359 (9)

FILED Jun 29 1998 8:00am Secretary of State

NUBLE	EUŲEST FARMS, INC.					
Principal Plac	ce of Business	Mailing Address			- LAGRINGAN MAN CRAIN COMM BOTH BOTH BOTH BOTH WAS URDER WIND BUSTE WAS	
7 LIVE OAK DRIVE 2800 MAITLAND CENTER OXFORD FL 34454 SUITE 330			CENTER PKWY		1	
\$111 \$ 111		MAITLAND FL 32	751		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
O Delegate of C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	As thelias Adde			03/07/1997	
	Place of Business	2a. Mailing Address			4. FEI Number Applied F 99 3436751 Not Appl	
Suite Ant	1 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				59-3436 [5] Not Api	
22	· ", m	27	510.		5. Certificate of Status Desired Fee Required	
City & Stat	te	City & State			6. Election Campaign Financing \$5.00 May B	
23	i i	28			Trust Fund Contribution	
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	g. Name and Address of Cu	rrent Registered Agent		41	10. Name and Address of New Registered Agent	
	MEŞ, JOHNNE PJR	_	8	1 Name J	ohnnie P. Tomu Ja.	
	00 MAITLAND CENTER PKW Y		В	ZI Street Add	oress [P.O. Box Number is Not Acceptable]	
	शास्त्रे30			1200 E.	. ROBINSON ST., SUITE 425	
W	aitl <u>ánd fl 32751</u> ⊶		. 8	3		
:•	전 축		8	4 City	85 Zip Code	
	<u> </u>			4 City CRLAI ve-named cor	NDD FL 85 Zip Code 3280	
11. Pursuant	to the provisions of Sections 607.	0502 and 607 1508, Florid tate of Elouida, Such chanc	e Statutes, the abo	ve-named corp ov the corpora	poration submits this statement for the purpose of changing its registation's board of directors. I hereby accept the appointment as register	
agent I a	am familiar with and accept the o	bligations of Section 607 0	505, Florida Statut	es.	./ /.	
SIGNATURE	lame to	Kames			4/28/48	
	Signature, by ad or printed name of regulared	d agent and little if applicable AND-DIRECTORS		gent signature requi	ured when re-instating) DATE	
12.	The Oricens	AND DEL	13. [TE 1.1 TITLE	T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
NAME	CARINO, NOEL M		1.2 NAM		_ Onlingo _ A	
STREET ADDRESS	45 CABBAGE ST-VALLE V	EDDE E DAGIG		ET ADDRESS		
	METRO MANILA - PHILIPP			i		
CITY-ST-ZIP TITLE	D METITO MARIES - I TILENT	DEL	1.4 CITY- ETE 2.1 TITLE		Change A	
NAME	CARINO, ELIZABETH M		2.2 NAM			
STREET ADDRESS	45 CABBAGE ST-VALLE V	EDDE & DAGIG		ET ADDRESS		
	METRO MANILA - PHILIPP					
CITY-ST-ZIP TITLE	3	DEL DEL	2. 4 CITY ETE 3.1 TITLE		Change A	
NAME	Thank D. Tane		3.2 NAM	}		
STREET ADDRESS	SED PAIL DITHEY CO	ar. 1., Suite 426		ET ADDRESS		
CITY-ST-ZIP	DALANDO FL BESO!	II JUNIO TER	3.4. CITY			
TITLE	MANAGE AND ASSESSMENT	DEL			☐ Change ☐ A	
NAME	-		4. 2 NAM		- · -	
STREET ADDRESS			1	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	1		
TITLE	 	DEL		~	☐ Change ☐ A	
NAME		_	5.2 NAM		_ · _	
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE		DEL			☐ Change ☐ A	
NAME	:		6.2 NAM			
STREET ADDRESS	2			ET ADDRESS	-07/01/98010110 1 7	
CITY-ST-7IP			6.4 City	ľ	***150.00	

14. 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 local/er 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 interchanged with an address.