

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


FILED

Jan 27, 1999 8:00am  
Secretary of State

01-27-1999 90049 012 \*\*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000042987</b>					
1. Corporation Name <b>THE NOBLE HOUSE OF BOSTON INC.</b>					
Principal Place of Business <b>320 PINEY RIDGE ROAD CASSELBERRY FL 32707</b>			Mailing Address <b>320 PINEY RIDGE ROAD CASSELBERRY FL 32707</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/13/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		59-3449366	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
HARRISON, CHARLES R 1400 W. FAIRBANKS SUITE 204 WINTER PARK FL 32789			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>P</b>			1.2 NAME		
STREET ADDRESS <b>CARLEY, DOUGLAS L</b>			1.3 STREET ADDRESS		
CITY-ST-ZIP <b>746 HADDENSTONE CIRCLE, #102</b>			1.4 CITY-ST-ZIP		
HEATHROW FL 32746					
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>ST</b>			2.2 NAME		
STREET ADDRESS <b>CARLEY, MATTHEW</b>			2.3 STREET ADDRESS		
CITY-ST-ZIP <b>622 RENAISSANCE POINT, #104</b>			2.4 CITY-ST-ZIP		
ALTAMONTE SPRINGS FL 32714					
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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.

SIGNATURE:

*Douglas L. Carley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Douglas L. Carley*  
1/11/99

Date

Daytime Phone #

407-339-7947

CR2E034 (11/98)