

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

**FILED**  
**Mar 19 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000085299 (0)**  
 1. Corporation Name  
**NOAM, INC.**

Principal Place of Business <b>46 N. WASHINGTON BLVD. #1 SARASOTA FL 34236</b>	Mailing Address <b>46 N. WASHINGTON BLVD. #1 SARASOTA FL 34236</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5556 PALMER BLVD.</b> Suite, Apt. #, etc. 22 City & State 23 <b>SARASOTA FL</b> Zip 24 <b>34232</b> Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified <b>10/02/1997</b>	4. FEI Number <b>65-0788176</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**PATTERSON, JOHN**  
**46 N. WASHINGTON BLVD. #1**  
**SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PATTERSON, JOHN</b>		1.2 NAME	
STREET ADDRESS <b>46 N. WASHINGTON BLVD. #1</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>SARASOTA FL 34236</b>		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME <b>D, P</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>LAYMAN, DAVID</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>5556 PALMER BLVD.</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b>D, S, T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME <b>LAYMAN BEVERLEY SUE</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>5556 PALMER BLVD.</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>SARASOTA FL 34232</b>	
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.

SIGNATURE: *David L. Layman*

(941) 371-8880

CP2E034 (10/97)