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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 06, 1999 8:00 am Secretary of State 03-06-1999 90015 047 \*\*\*150.00

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**FILED** 

## DOCUMENT # P98000025235

1. Corporation Name

NOBLE & PERRAULT COLLECTIBLES, INC.

Principal Place of Business Mailing Address						, (48) (48) (18) (8) (8) (8) (8) (8) (8) (8)	** ==::= ***** \$::::\$ (!?*** ***** **!) !=#!	
351 S. CYPRESS ROAD POMPANO BEACH FL 33060 POMPANO BEACH FL 33060						DO NOT WRITE IN	N THIS SPACE	
					F	3. Date Incorporated or Qualifed		
						03/16/1998		
}———— `	Principal Place of Business Address Address					4. FEI Number 08 19406	Applied For Not Applicable	
21	4 -1-	Suite, Apt. #, etc.			<b>V</b> 337770 <b>V</b>	\$8.75 Additional		
Suite, Apt.	#, etc.					5. Certificate of Status Desired	Fee Required	
	City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
23	28					Trust Fund Contribution	Added to Fees	
Zip	Country	Zip Country				8. This corporation owes the current y		
24	25					Personal Property Tax.	Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
CTONE TODO				1 Name	Name Ian Clay			
STONE, TODD 10194 NW 47TH ST.				82 Street Address (P.O. Box Number is Not Acceptable)				
SUNRISE FL 33351				351 S. Cypress Road				
SUMMISE PL 33331				3		•		
				PEN	100	ino beach	FL 85 333000	
At Discourse to the provisions of Costons 647 0502 and 607 1508. Florida Statutes, the above cornection 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 PROJECT A PROJECT OF THE PROJECT OF								
Signature, MA of limits (April of Ingiguete agent and time a applicable.								
TITLE	D	□ DELETE	1.1 TITLE		D, i		Change Addition	
NAME	STONE, TODD		1.2 NAMI			a clast		
STREET ADDRESS	40.04 http://dx		1.3 STRE	ET ADORESS	35	i s. cypress koad		
CITY-ST-ZIP	SUNRISE FL 33351		1.4 CITY-	ST-ZIP	Por	npano beach, Floric	19 33060	
TITLE		☐ DELETE	2.1 TITLE				☐ Change ☐ Addition	
NAME			2.2 NAM					
CTREET ADDRESS			23 STRE	ET ADDRESS				

DELETE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

2. 4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

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3.4. CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

☐ DELETE

☐ DELETE

14. I hereby certify that the information supplied with this filips 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 of the receiver or todate 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIF

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINT

Change

☐ Change

Change

Addition

☐ Addition

☐ Addition