COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Hamis

Secretary of State DIVISION OF CORPORATIONS

OCUMENT #

P98000073892

NOAH'S BARK, INC.

FILED Sep 10, 1999 8:00 am Secretary of State

09-10-1999 90001 031 ***550.00



cipal Plac	e of Business	Mailing Address	}	
NORTH H		13 NORTH H STREET		
E WORTH FL 33460		LAKE WORTH FL 33460		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
		,		08/21/1998
Principal Place of Business 2a. Mailing Address			- M - 	4. FEI Number Applied For
pur t mod of water		26		65-0856494 Not Applicable
		Suite, Apt. #, etc.		\$8.75 Additional
•	•	27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year
	25	29	30	Intangible Personal Property. Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent
	OWAL O MEGUELLE		81 Name	
BROWN, C. MECHELLE 13 NORTH H STREET LAKE WORTH FL 33460		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
LAF	NE WORTH PL 33460		83	
			84 City	85 Zip Code
		تتسنسين ويعد بيسيد	ے ۔ ا ^{حرا} ۔۔۔۔	FL 50000
NATURE	Signature, typed or printed name of registered as	gent and title if applicable. {NO	TE: Registered Agent signature re	quired when reinstating) DATE
	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	D	DELETE	1.1 TITLE	Change Addition
	BROWN, C. MECHELLE		1.2 NAME	
ET ADDRESS	13 NORTH H STREET		1.3 STREET ADDRESS	
ST-ZIP	LAKE WORTH FL 33460		1.4 CITY-ST-ZIP	
		☐ DELETE	2,1 TITLE	Change Addition
,			2.2 NAME	
ET ADDRESS			2.3 STREET ADDRESS	
ST-ZIP			2.4 CITY-ST-ZIP	
		DELETE	3.1 TITLE	L Change Addition
			3.2 NAME	
T ADDRESS			3.3 STREET ADDRESS	
ST-ZIP	· ,		3.4 CITY-ST-ZIP	
		DELETE	4.1 TITLE	Change Addition
			4.2 NAME	
TADDRESS			4.3 STREET ADDRESS	
ST-ZiP		<u> </u>	4.4 CITY-ST-ZIP 5.1 TITLE	
		DELETE		Change Addition
			5.2 NAME	
TADDRESS	,		5.3 STREET ADDRÉSS	
T-ZIP			5.4 CITY-ST-ZIP	
		DELETE	6.1 TITLE	Change Addition
			6.2 NAME	
TADDRESS				
ADDITEGO			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	ł

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.

GNATURE: