


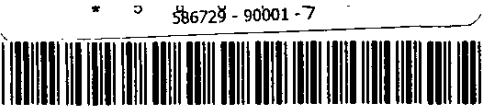
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 13, 1999 8:00 am**  
**Secretary of State**  
07-13-1999 90001 007 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000088220**  
1. Corporation Name  
**NOKE GROUP, INC.**

Principal Place of Business <b>934 LAKE WELLINGTON DR. WELLINGTON FL 33414</b>	Mailing Address <b>934 LAKE WELLINGTON DR. WELLINGTON FL 33414</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/15/1998</b>	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number <b>65-0869476</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24	25	29	30	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

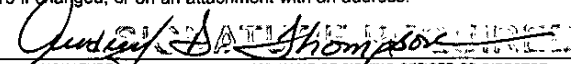
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>THOMPSON, AUDREY D 4740 CONCORDIA LANE BOYNTON BCH FL 33436</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 85 Zip Code

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, NORMAN W</b>	1.2 NAME	
STREET ADDRESS	<b>934 LAKE WELLINGTON DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, KEITH M</b>	2.2 NAME	
STREET ADDRESS	<b>4740 CONCORDIA LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BCH FL 33436</b>	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, JACQUELINE</b>	3.2 NAME	
STREET ADDRESS	<b>934 LAKE WELLINGTON DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, AUDREY D</b>	4.2 NAME	
STREET ADDRESS	<b>4740 CONCORDIA LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BCH FL 33436</b>	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:  7/7/99 (954) 776-3339

CR2E034 (5/99)

586729-40001-7  
P 98000088220

**NOKE GROUP, INC.**

934 LAKE WELLINGTON DRIVE  
WELLINGTON, FL 33414

Phone (561) 333-0341  
Fax (954) 776-6218

July 01, 1999

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Fl 32314

Please find enclosed check for \$150.00 for the 1999 annual report for the NOKE GROUP, INC. As I discussed with your office this morning by telephone, we did not receive a 1999 annual renewal form, and as the corporation was formed late 1998 we were not aware of the renewal fee for 1999. Upon receiving the final notice, I contacted your office, and was advised to mail the enclosed check with this brief explanation.

Please accept our check for the 1999 renewal, and also our apologies for the misunderstanding. Please be certain that we receive our renewal package for future renewal, and now that we are aware, we will also be certain to remit payments in a timely manner.

If there are any questions concerning this matter, please feel free to contact us. Thank you for your cooperation in this matter.

Sincerely,



Audrey D. Thompson  
Encl.

cc: file