

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

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V04305

(1)

1. Corporation Name

NOYES & COMPANY, INC.

Principal Place of Business

6901 W BROWARD BLVD #206
PLANTATION FL 33317
US

Mailing Address

6901 W BROWARD BLVD #206
PLANTATION FL 33317-2912
US

3. Date Incorporated or Qualified 01/03/1992
3a. Date of Last Report 05/01/1996

4. FEI Number 65-0303810
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 21 801 NW 67TH AVE. Suite, Apt. #, etc. 22 City & State 23 PLANTATION FL Zip 24 33317-1237	2a. Mailing Address 26 801 NW 67TH AVE Suite, Apt. #, etc. 27 City & State 28 PLANTATION FL Zip 29 33317-1237	Country 30 BROWARD
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9. Name and Address of Current Registered Agent

NOYES, JOHN C.
6901 W BROWARD BLVD #206
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 801 NW 67TH AVE	83	84 City PLANTATION	85 Zip Code FL 33317-1237
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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

John C. Noyes

(NOTE: Registered Agent signature required when reinstating)

1-6-96

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE DPT
NAME NOYES, JOHN C.
STREET ADDRESS 801 NW 67 AVE
CITY-ST-ZIP PLANTATION FL

TITLE DVS
NAME NOYES, SANDEE
STREET ADDRESS 801 NW 67 AVE
CITY-ST-ZIP PLANTATION FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 *John C. Noyes*

CR2E034 (9/96)