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**

DOCUMENT # V04305

NOYES	& COMPANY, INC.						
Principal Place	e of Business	Mailing Address					
801 NW 67TH AVE 801 NW 67TH AVE PLANTATION FL 33317-1237 PLANTATION FL 33317-1237 US US				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 01/03/1992		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Α	pplied For
21	labe of Basillots	26			65-0303810		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
22 City & Stat	te	City's State		-	6. Election Campaign Financing	\$5.00	May Be
23	•	28			Trust Fund Contribution	•	to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year	ntangible	
25		29	30		Personal Property Tax.	Yes	X0∘
	9. Name and Address of Cu	rrent Registered Agent		,	10. Name and Address of New Registere	d Agent	
4101				81 Name			ļ
Noyes, John C. 801 NW 67Th Ave				82 Street Addre	ess (P.O. Box Number is Not Acceptable)	.,	
PLANTATION FL 33317				83			
				84 City		85 Zir	Code
agent. I a	m familiar with, and accept the o	bligations of, Section 607.0505, Flor ad agent and title if applicable. (NOTE:	Registered	tes. Agent signature required	on's board of directors. I hereby accept the application of directors and directors are being accept the application of the app		
12.		S AND DIRECTORS	13.	, , , , , , , , , , , , , , , , , , ,	ADDITIONS/CHANGES TO OFFICERS	Change	
TITLE	DPT	☐ DELETE 1.1 TI		į.			,
NAME	110 120, 001 117 0.		1.2 NA	1			
STREET ADDRESS				REET ADORESS			(
CITY-ST-ZIP	100		1.4 CI 2.1 TIT	Y-ST-ZIP		Change	Addition
TITLE	_		2.2 NA		•		_ [
NAME	NOYES, SANDEE 801 NW 67 AVE			REET ADDRESS			
STREET ADDRESS	DI ANTATION EL			TY-ST-ZIP			
CITY-ST-ZIP			3.1 TI		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME			3.2 NA	ME			ļ
STREET ADDRESS			3.3 ST	REET ADDRESS			
CITY-ST-ZIP			3.4. CI	TY-ST-ZIP			
TITLE		☐ DELETE	4.1 Ti			☐ Change	e ☐ Addition
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CITY-ST-ZIP			4.4 CI	Y-ST-ZIP			
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	s ~	☐ DELETE	5.2 N/	·		∐ Chang	e
NAME		☐ DELETE	5.2 N/ 5.3 ST	ME REET ADDRESS IY-ST-ZIP		Chang	

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

APR 1 7 1999

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90005 036 ***150.00