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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V69509

(0)

NOON ENTERPRISES, INC.

FILED
May 01 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address						JULI OLDUL DIBIR OLDAR DIBAR AGDA
3680 E INDUSTRIAL 19136 PINE RUN LANE						
BAYC FT. MYERS FL 33912					DO NOT WRITE IN THIS SPACE	
RIVIERA BEACH FL 33404					3. Date Incorporated or Qualified	13 SFACE
					10/05/1992	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0376215	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
27						Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip Cour		nirv	Trust Fund Contribution	Added to Fees
24	25	29	30		 This corporation owes or has paid the Personal Property Tax due June 30. 	Yes No
9, Name and Address of Current Registered Agent					10. Name and Address of New Registers	
NOON, PATRICK J., III				81 Name		
19136 PINE RUN LANE			}	82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
FT. MYERS FL 33912				Oli Odi rid	areas (1.5. Box 11gmbbl is 110t 71000ptable)	1
				83		
			ŀ	84 City		85 Zip Code
					F	LIII
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 PATRICE FON 111 PRESIDENT						
Signature, typed or printed name of registered agent and title if hipplicable (NOTE: Ro				Agent signature rec	quired when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P PATOLOGY 1	DELETE	1.1 (1)			Change Addition
NAME	NOON III, PATRICK J		1.2 NA			
STREET ADDRESS	19136 PINE RUN LANE FT. MYERS FL			REET ADDRESS		į
CITY-ST-ZIP YITLE	V V	☐ DELETE	1.4 CH	Y-ST-ZIP	47	Change Addition
NAME	NOON IV, PATRICK J	_ occent	2.2 NA			E change E Addition
STREET ADDRESS	5040 E ELMHURST RD			REET ADDRESS		
CITY-ST-ZIP	W. PALM BCH. FL			TY-ST-ZIP	,	
TITLE	ST	DELETE	3.1 1/1			Change Addition
NAME	NOON, VIRGINIA A.		3.2 NA	ME		
STREET ADDRESS	19 111 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1		REET ADDRESS		4	
CITY-ST-ZIP	FT. MYERS FL		3.4. CI	TY-ST-ZIP		
TITLE		☐ DELETE	4.1 711	1		Change Addition
NAME			4. 2 NA	ME		•
STREET ADDRESS			4.3 STF	REET ADDRESS		
CITY-ST-ZIP		T priese		Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	5.1 TIT			Change Addition
NAME STOCET ADDRESS			5.2 NA	!		
STREET ADDRESS				IEET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5 4 CIT	Y-ST-ZIP		Change Addition
NAME			62 NA			The creating the Committee of the Commit
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
			4.5 411	. 31 40		

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 embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment with an address.

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