

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90001 034 \*\*\*158.75

DOCUMENT # **V69509**

1. Corporation Name

**NOON ENTERPRISES, INC.**

Principal Place of Business

**3680 E INDUSTRIAL  
BAYC  
RIVIERA BEACH FL 33404  
US**

Mailing Address

**19136 PINE RUN LANE  
FT. MYERS FL 33912**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/05/1992**

4. FEI Number

**65-0376215**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21 2411 N.E. 48TH ST**

Suite, Apt. #, etc.

**22**

City & State

**23 Lighthouse Point, FL**

Zip

**24 33064**

Country

**25 U.S.A.**

2a. Mailing Address

**26 2411 N.E. 48TH ST**

Suite, Apt. #, etc.

**27**

City & State

**28 Lighthouse Point, FL**

Zip

**29 33064**

Country

**30 U.S.A.**

9. Name and Address of Current Registered Agent

**NOON, PATRICK J., III  
19136 PINE RUN LANE  
FT. MYERS FL 33912**

10. Name and Address of New Registered Agent

81 Name

**PATRICK J. NOON III**

82 Street Address (P.O. Box Number is Not Acceptable)

**2411 N.E. 48TH ST**

83

84 City

**Lighthouse Point, FL**

85 Zip Code

**33064**

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 **PATRICK J. NOON III**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/27/99**

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**  
STREET ADDRESS **NOON III, PATRICK J**  
CITY-ST-ZIP **19136 PINE RUN LANE  
FT. MYERS FL**

TITLE ☐ DELETE

NAME **V**  
STREET ADDRESS **NOON IV, PATRICK J**  
CITY-ST-ZIP **5040 E ELMHURST RD  
W. PALM BCH. FL**

TITLE ☐ DELETE

NAME **ST**  
STREET ADDRESS **NOON, VIRGINIA A.**  
CITY-ST-ZIP **19136 PINE RUN LANE  
FT. MYERS FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☒ Change ☐ Addition

**NOON III, PATRICK J**

**2411 N.E. 48TH ST.**

**Lighthouse Point, FL 33064**

☒ Change ☐ Addition

**V**

**NOON IV, PATRICK J.**

**4435 EAST KELTON LANE**

**PHOENIX, AZ 85032**

☒ Change ☐ Addition

**ST**

**NOON, VIRGINIA A.**

**2411 N.E. 48TH ST**

**Lighthouse Point, FL 33064**

☐ Change ☐ Addition

☐ Change ☐ Addition

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/99 954-946-7321**

Date

Daytime Phone #

CR2E034 (11/98)