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PROFIT CORPORATION



ELORIDA DEPARTMENT OF STATE Sandra B. Mortnam

ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (0)671363 **DOCUMENT #** 1. Corporation Name NORMAN DESIGN'S INC. Principal Place of Business Mailing Address 2075 - 13TH ST. 2075 - 13TH ST. SARASOTA FL 34237 SARASOTA FL 34237 1IS 3. Date Incorporated or Qualified 3a. Date of Last Report 03/17/1995 05/27/1980 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2162953 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite. Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zφ ☐ Yes X No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name ZIMMER, CAROLINE Street Address (P.O. Box Number is Not Acceptable) 82 2075 - 13TH ST. 83 SARASOTA FL 34237 85 Zip Code City 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, Soction 607.0505, Florida Statutes. SIGNATURE Signature, type the production in electrogradion diagons and the halper CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.13016 TITLE ZIMMER, CAROLINE 12 NAME DAMON ZIMME NAME GI ST. N.W 2075 - 13TH ST. 1.3 STREET ADDRESS 703 STREET ADDRESS BRADENTON, FL SARASOTA FL 1.4 City - S1 - Zif: CITY-ST-ZIP ■ Addition Change DELETE. 2 1 Tille TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY - ST. ZIP CITY-ST-ZIP ☐ Addition Change DELETE 3 1 TITLE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 City - St - ZiF CITY - ST - ZIP ☐ Addition Change DELETE 4 1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY | \$1.7P CITY - ST - ZIP Change ■ Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-S1-ZIP Change ☐ Addition DELETE 6 1 T-TLE TITLE NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplimental 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 other or director of the corporation or the reserver or trustee encovered to execute this report as required by Chapter 607, Flory a Statutes; and that my name certify that the information indicated oath; that I am an officer or directly appears in Block 12 or Block 12 by

6.3 STREET ADDRESS

6.4 CHY - ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR