03-11-1999 90154 033 ***150.00

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

1, Corporation	MENT # J33692 NORKS, INC.					
Principal Place	of Business	Mailing Add	dress			F 1981(CE 1164 II) DE LILLE BLITT 19110 1181 BIGIT BERT BIBIT BEBL BEBL BERT BERT
1880 SW 62 AV		1880 SW 62 AVE				
POMPANO FL 3		POMPANO FL 33068				•
US		US	US			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 09/16/1986
2. Principal Pl	ace of Business	2a. Mailing	Address			4. FEI Number Applied For
21 dan	ne as above	26				59-2798822 Not Applicable
Suite, Apt. :		Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	9	City & :	State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zip		Countr	y	8. This corporation owes the current year Intangible
24	25	29	3	0		Personal Property Tax. ☐ No
	9. Name and Address of Curren	t Registered Ag	gent			10. Name and Address of New Registered Agent
FT. L	N.W. 18TH TERR. AUDERDALE FL 33309 to the provisions of Sections 607.050 egistered agent, or both, in the State m fappingar with, and accept the obligations of the college of the sections for the obligations of the sec	2 and 607.1508. of Florida. Such	, Florida Statutes change was auti 6 67 ,0505, Florid	, the abo	City	FL 85 79 Gods 3 4 d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ager	. " / / (CX	Lewar			e required when reinstating) DATE DATE
12.	OFFICERS AN	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP		☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCGOWAN, BLANCHE S.			1.2 NAME		Martinan Clancher
STREET ADDRESS	4480 N.W. 18TH TERR.			13 STRE	ET ADDRESS	S SEED NE 14 Terry
CITY-ST-ZIP	FT. LAUDERDALE FL			1.4 CITY	ST-ZIP	33394
TITLE			☐ DELETE	2.1 TITLE		Thanka, Fr. 3333 Change Addition
NAME				2.2 NAME		,
STREET ADDRESS				2.3 STRE	ET ADDRESS	
CITY-ST-ZIP			_	2.4 CITY		☐ Change ☐ Addition
TITLE			☐ DELETÉ	3.1 TITLE		☐ Change ☐ Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STRE	ET ADDRESS	s
CITY-ST-ZIP				3.4, CITY		Change Addition
TITLE			☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME				4. 2 NAM		
STREET ADDRESS				1	ET ADDRESS	S
CITY-ST-ZIP			O pereze	4.4 CITY		Change Addition
TITLE			DELETE	5.1 TITLE		El citalide Monton

6.4 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 chapter 607, or on an attachment with an appears, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZiP

TITLE

NAME

course PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Change

Addition