FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORP	ATTEMPTS.			· 07475	1			
	ROFIT ORATION	FLORIDA DEPAR						
DIVIN.	ORATION AL REPORT		B. Mortham try of State	•	1			
		DIVISION OF C	•	TIONS				
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DOCUM	IENT # P 9500000	9391						
1. Corporation N		_						
Norte	ech, Inc.							
Principal Place o	of Business	Mailing Address						
					3. Date incorporated or C	ualified 3a. [Date of Last Rep	port
					2-3-95			nellad F
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	_	L +	ot Applicable
21 9800 I	HealthPark Circle	26 9800 Healt	nPark_	Circle	65-0555346			Not Applicable Additional
Suite, Apt. #,		Suite, Apt. #, etc. 410			5. Certificate of Status De	esired	Fee R	Sequired
22 410 City & State		City & State			6. Election Campaign Fina	[]		0 May Be
	Myers, Florida	28 Fort Myers	, Flor	rida	Trust Fund Contributio	м. —		199.032.
Zip	Country	Zip	Cour	ntry	This corporation has lia Florida Statutes	Yes 🔀 No	lo	.55.5521
24 3390	9. Name and Address of Current	29 33908 Registered Agent	30		10. Name and Address			
		g we riguitt		81 Name				
SP.	inello, NORMA J.			82 Street Add	dress (P.O. Box Number is Not	Acceptable)		
00	00 HEACTH PAKE C 410 7. Myers, FL 3:	IR.						
70 A	- 410	-	l	83				
***	7 Muses 61. 33	3 90 8	1	84 City			FLITT	p Code
r	the provisions of Sections 607.0502	and 607 1508 Florida Statut	es, the abo	ve-named corpo	oration submits this statement i	for the purpose of	of changing its r	registered office
11. Pursuant	trie provisions of Sections 607.0502 d agent, or both, in the State of Florida, and accept the obligations of Section	and 607,1508, Florida Statut Ia: Such chande was authoriz		corporation's bo	ard of directors. I hereby accep	ut the appointme	ян as registerec	. vyo∷i. ram
familiar wit	th, and accept the obligations of, Section	ON DOUGH (COCO. YOU HID	•					
SIGNATURE	Signature, typod or printed name of registered agent e	Shirt and it spiritations	OTE: Registered	d Agent signature requir			ATF.	
12.	OFFICERS AND		12		ad when reinstating) ADDITIONS/OF ANDS		ATE S AND DIRECTO	ORS IN 12
TITLE	D/P		1.11	(ITLE	red when rensteting) ADDITIONS/CHANGE			ORS IN 12
		☐ DELETE			ed when reinstelling) ADDITIONS/CHANGE		S AND DIRECTO	RS IN 12 Addition
NAME expect annuages	Norma J. Spinello	☐ DELETE	1. 1 T 12 N		ed when reinstetrigi ADDITIONS/OHANGE		S AND DIRECTO	PRS IN 12 ☐ Addition
STREE (ADDRESS	Norma J. Spinello 1825 SE 5th Court	□ DELETE da 33990	1.1T 12 N 1.3 S	LAME	ed when reinstating) ADDITIONS/CHANGE		S AND DIRECTO	☐ Addition
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on pereby certify that the information supplied with this simily is voluntarily infinished and occurate and that my signature shall have the same legal effect as if made under 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 certify 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.

SIGNATURE: Norma J. Spinello Jama Janielo Signature and typed on Printed Name of Signing Officer or Spector

Daytimo Phone #