## FILE NOW: FILING FEE AFTER MAY 1ST IS \$556.00 · PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State

## **FILED** May 08 1998 8:00am Secretary of State

1998	DIVISION OF CO	RPORATIONS		y of State
DOCUMENT # 297441 NORMAN ladusty les, lac	(€	D		
NORMAN (NOUS! TICE)	•			
Principal Place of Business N	failing Address		-	
1318 10 <sup>16</sup> 5+.	6407 26Th Bradenton, F	ST. W.		
1318 10'5 51.	BRADENTON, F	1 34207	DO NOT WRITE IN T	HIS SPACE
SARASOTA, FL 34236	US		3. Date incorporated or Qualified	
2. Principal Place of Business 2a	. Mailing Address		4. FEI Number	Applied For
21 26	Suite, Apt. #, etc.		59-1117253	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
28			Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	e current year Intangible
24 25 29 29 3. Name and Address of Current Regis	30	<u>"</u>	Personal Property Tax due June 30.  10. Name and Address of New Registe	
	stered Agent	81 Name	10. 11.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	
NORMAN, FRANK G.		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
NORMAN, FRANK G. 6497 26th ST. W. Bradenton, FL 34207-5167			52 Street Address (F.C., DOX Nottiber is Not Acceptable)	
		83		
Okiden in Strain		84 City		85 Zip Code
•	707 4500 Florida Olabeta	**************************************		FL 85 250 Code
11. Pursuant to the provisions of Sections 607.0502 and 6 office or registered agent, or both, in the State of Flori	da. Such change was auth	iorized by the corporati	ion's board of directors. I hereby accept the	appointment as registered
agent. I am familiar with, and accept the obligations of	if, Section 607,0505, Florid	a Statules.		ļ
SIGNATURE Signature, typed or printed name of rugistered agent and title	of applicable (NOTE Hi	ogistered Agent signature require	ed when reinstating) DA	NÉ
12. OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE YD	DELETE	111/ITLE		☐ Change ☐ Addition
STREET ADDRESS 2424 CLEVELAND HTS	57T	1.2 NAME		
STREET ADDRESS A424 CLEVELAND HTS	DIVa	1.3 STREET ADDRESS		
OITY-ST-ZIP LAKELAND, FLORIDA	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME NORMAN, FRANK G.		2.2 NAME		
STREET ADDRESS 4407 263 ST. W.	_	2.3 STREET ADDRESS		
CITY-ST-ZIP BRAden TON, FL 342	07-5167	2 4 CITY-ST-ZIP		
TITLE STD	DELETE	31 TITLE		☐ Change ☐ Addition
NAME NORMAN, SARAH MISTREET ADDRESS 6407 26th ST. W.		3 2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS 6407 267 5T. C.	N7= 5167	3.3 STREET ADDRESS ]		
STREET ADDRESS 6407 26 3 3 42 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DELETE	41 TITLE		Change Addition
NAME WARMAN CARISSA !	1	4 2 NAME		
STREET ADDRESS 6407 56Th ST. W.		4.3 STREET ADDRESS		
CITY-ST-ZIP BRAdenTow, FL 342	07-3167	4.4 CrTY - ST - ZIP		
TITLE	☐ DELÉTE	51 TITLE	300002517 -05/11/9801002-	Change Addition
NAME		5.2 NAME	-05/11/9801002-	013
STREET ADDRESS		5.3 STREET ADDRESS	***150.00	
CITY-ST-ZIP	□ DELETE	5.4 CHY-ST-ZIP 6.1 TOLE		Change
NAME		6.2 NAME		10/10
STREET ADDRESS		63 STREET ADDRESS		1 6/.
CITY-ST-ZIP		64 City - \$1 - ZIP		

14. Thereby cortify 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 suppliemental 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 13 if changed, or or an attactment with an address.

SIGNATURE: Jan Type or PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date