FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **387531** **(7)**

1. Corporation Name
NORTHCO REALTY CONSULTANTS, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 4426 TEQUESTA FL 33469	POST OFFICE BOX 4426 TEQUESTA FL 33469

3. Date Incorporated/Qualified: 08/27/1971
3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-1417392 ☐ 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 is subject to intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 150 N. US #1	26 P.O. Box 4426
22 Suite, Apt. #, etc. Suite 13	27 Suite, Apt. #, etc. Tequesta FL
23 City & State Tequesta	28 City & State
24 Zip 33469 25 Country Palm Beach	29 Zip 33469 30 Country Palm Beach

9. Name and Address of Current Registered Agent

THOMSON, PAUL
141 E. RIVERSIDE DR., #37
JUPITER FL 33469

10. Name and Address of New Registered Agent

81 Name: Thomson, Paul
82 Street Address (P.O. Box Number is Not Acceptable): 150 N US #1, Suite 13
83
84 City: Tequesta FL 85 Zip Code: 33469

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The undersigned 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: Paul Thomson 3/23/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THOMSON, PAUL 141 E RIVERSIDE DR #37 JUPITER FL ☐ DELETE	1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	400001782084 -03/29/96--01001--029 ***200.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition M. M. 3-27-96

14. I do hereby certify that the information supplied with this report is accurate and that this report is executed in accordance with Section 607.0502, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 changes or additions are reflected.

SIGNATURE: Paul Thomson 1/16/96 407-747-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
PAUL THOMSON

CR2E034 (12/95)