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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 519729 (8)

1. Corporation Name
NORWOOD PARK, INC.

Principal Place of Business
568 MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952

Mailing Address
568 MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952

3. Date Incorporated or Qualified: 12/01/1976
3a. Date of Last Report: 02/27/1995

2. Principal Place of Business
21 1049 Rockledge Dr.
Suite, Apt. #, etc.
22 #207
City & State
23 Rockledge, FL.
Zip
24 32955
Country
25 Brevard

2a. Mailing Address
26 1049 Rockledge Dr.
Suite, Apt. #, etc.
27 #207
City & State
28 Rockledge, FL
Zip
29 32955
Country
30 B

4. FEI Number: 59-1707366 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, LAWRENCE D
800 N HIGHLAND AVENUE
ORLANDO, FLORIDA
32803

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, Section 607.0505, Florida Statutes.

SIGNATURE ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	NORWOOD, CHARLES A	
STREET ADDRESS	507 W MERRITT ISL CSWY	
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	
TITLE	SD	☐ DELETE
NAME	BROWN, KATHRYN N	
STREET ADDRESS	245 NORA AVE.	
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	
TITLE	PD	☐ DELETE
NAME	NORWOOD, IRMA C	
STREET ADDRESS	1049 ROCKLEDGE DR.	
CITY-ST-ZIP	ROCKLEDGE, FL 00000	
TITLE	VD	☐ DELETE
NAME	NORWOOD, THOMAS E	
STREET ADDRESS	566 1/2 W MER. ISL CSWY	
CITY-ST-ZIP	MERRITT ISLAND, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 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 changed, or on an attachment with an address.

SIGNATURE: Kathryn N. Brown secy. 2/15/96 407 452-4432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kathryn N. Brown Secretary