

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

**APPROVED
AND
FILED**

95 APR 26 AM 7:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Gandhi B. Northing Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 564020 (6)

1. Corporation Name
NORDE MANAGEMENT CORP.

Principal Place of Business 6047 KIMBERLY BLVD. SUITE N NORTH LAUDERDALE FL 33069	Mailing Address 6047 KIMBERLY BLVD. SUITE N NORTH LAUDERDALE FL 33069
---	---

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/30/1977	3a. Date of Last Report 07/06/1994
4. FEI Number 59-1784478	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**BERKHEIMER, JERRY D
5851 HOLMBERG RD
S2823
PARKLAND FL 33067**

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKHEIMER, EDWARD R.	1.2 NAME	
STREET ADDRESS	4801 CEDARHILL RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKHEIMER, RANDY	2.2 NAME	
STREET ADDRESS	7201 SW 1ST ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	
TITLE	CEO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKHEIMER, JERRY D.	3.2 NAME	
STREET ADDRESS	5851 HOLMBERG RD S2823	3.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONSTEN, JOSEPH M.	4.2 NAME	
STREET ADDRESS	1061 HILLSBORO MILS	4.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKHEIMER, JERRY D.	5.2 NAME	
STREET ADDRESS	5851 HOLMBERG RD S2823	5.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 110.07(3)(b), 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: Edward R. Berkheimer *Edward R. Berkheimer* **410-95** **305-773-1311**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
EDWARD R. BERKHEIMER