

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
Aug 15 1996 8:00 am  
Secretary of State

**DOCUMENT # 564020 (6)**  
1. Corporation Name  
**NORDE MANAGEMENT CORP.**



Principal Place of Business: **6047 KIMBERELY BLVD. SUITE N NORTH LAUDERDALE FL 33068**  
Mailing Address: **6047 KIMBERELY BLVD. SUITE N NORTH LAUDERDALE FL 33068**

2. Principal Place of Business: **21 6047 KIMBERELY BLVD. SUITE N NORTH LAUDERDALE FL 33068**  
2a. Mailing Address: **26 6047 KIMBERELY BLVD. SUITE N NORTH LAUDERDALE FL 33068**  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip  
25. Country

3. Date Incorporated or Qualified: **11/30/1977**  
3a. Date of Last Report: **04/26/1995**  
4. FEI Number: **59-1784478**  
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  
**BERKHEIMER, JERRY D  
5851 HOLMBERG RD  
S2823  
PARKLAND FL 33067**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>STD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERKHEIMER, EDWARD R.</b>	12 NAME	
STREET ADDRESS	<b>4601 CEDARHILL RD.</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	14 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERKHEIMER, RANDY</b>	22 NAME	
STREET ADDRESS	<b>7201 SW 1ST ST.</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>MARGATE FL</b>	24 CITY-ST-ZIP	
TITLE	<b>CEO</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERKHEIMER, JERRY D.</b>	32 NAME	
STREET ADDRESS	<b>5851 HOLMBERG RD S2823</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>PARKLAND FL</b>	34 CITY-ST-ZIP	
TITLE	<b>VD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KONSTEN, JOSEPH M.</b>	42 NAME	
STREET ADDRESS	<b>1061 HILLSBORO MILLS</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>HILLSBORO BEACH FL</b>	44 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERKHEIMER, JERRY D.</b>	52 NAME	
STREET ADDRESS	<b>5851 HOLMBERG RD S2823</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>PARKLAND FL</b>	54 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 119.073(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: Edward R. Berkheimer **EDWARD R. BERKHEIMER** 7-23-96 754-973-1311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)