

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
11/30/1977

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number
59-1784478
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	BERKHEIMER, EDWARD R.	
STREET ADDRESS	4601 CEDARHILL RD.	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERKHEIMER, RANDY	
STREET ADDRESS	7201 SW 1ST ST.	
CITY-ST-ZIP	MARGATE FL	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	BERKHEIMER, JERRY D.	
STREET ADDRESS	5851 HOLMBERG RD S2823	
CITY-ST-ZIP	PARKLAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KONSTEN, JOSEPH M.	
STREET ADDRESS	1061 HILLSBORO MILS	
CITY-ST-ZIP	HILLSBORO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERKHEIMER, JERRY D.	
STREET ADDRESS	5851 HOLMBERG RD S2823	
CITY-ST-ZIP	PARKLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify 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 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 A. BERKHEIMER 4-9-98 954 973-1311

CR2E034 (10/97)