

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

DOCUMENT # 625250 (6)

1. Corporation Name  
NORAC, INC.



Principal Place of Business

Mailing Address

6561B STIRLING RD  
DAVIE FL 33314

6561B STIRLING RD  
DAVIE FL 33314

2. Principal Place of Business

2a. Mailing Address

21 6557 STIRLING ROAD

26 6557 STIRLING RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 DAVIE, FL

28 DAVIE, FL

24 Zip

Country

29 Zip

Country

33314

US

33314

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEWART, JOHN  
15963 E WIND CIRCLE  
SUNRISE FL 33326

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, as to which applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S  
NAME RIVERON, OSVALDO S.  
STREET ADDRESS 1841 S.W. 69TH AVE.  
CITY-STATE-ZIP PLANTATION FL

TITLE P  
NAME STEWART, JOHN A  
STREET ADDRESS 15963 E WIND CIRCLE  
CITY-STATE-ZIP SUNRISE FL

TITLE DV  
NAME STEWART, VIRGINIA  
STREET ADDRESS 15963 E. WIND CIRCLE  
CITY-STATE-ZIP SUNRISE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.1 TITLE VICE PRESIDENT  
1.2 NAME Stewart, John A.  
1.3 STREET ADDRESS 15963 E. WIND CIRCLE  
1.4 CITY-STATE-ZIP SUNRISE, FL. 33326

2.1 TITLE PRESIDENT/DIRECTOR  
2.2 NAME STEWART, VIRGINIA  
2.3 STREET ADDRESS 15963 E. WIND CIRCLE  
2.4 CITY-STATE-ZIP SUNRISE FL. 33326

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)