FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -2 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 833458 (3)

1. Corporation Name

NORRIS A. STEIN, INC.

Principal Place of Business	Mailing Address
1611 S.E. 3RD COURT DEERFIELD BEACH FL 33441	1611 S.E. 3RD COURT DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/07/1974
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 51-0101844 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STEIN, NORRIS A
4240 N.E. 27TH AVENUE
LIGHTHOUSE POINT FL 33064
Dec'd

10. Name and Address of New Registered Agent

81 Name: E. RITA STEIN
82 Street Address (P.O. Box Number is Not Acceptable): 1611 SE 3rd Ct
83
84 City: DEERFIELD BEACH FL 85 Zip Code: 33441

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/D ☐ Change ☐ Addition
NAME	STEIN, E. RITA	1.2 NAME	STEIN, E. RITA
STREET ADDRESS	4240 N.E. 27TH AVENUE	1.3 STREET ADDRESS	4240 NE 27th AVE.
CITY-ST-ZIP	LIGHTHOUSE PT. FL	1.4 CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064
TITLE	SD	2.1 TITLE	V/D ☐ Change ☐ Addition
NAME	STEIN, NORRIS A. Dec'd	2.2 NAME	NANCY S. MONK
STREET ADDRESS	4240 N.E. 27TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE PT. FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	S/T/D ☐ Change ☐ Addition
NAME	STEIN, NORRIS A. Dec'd	3.2 NAME	LARRY. STEIN
STREET ADDRESS	4240 N.E. 27TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE PT. FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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: E. Rita Stein E. RITA STEIN 24 FEB 95 305 427 7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0264707 CP