PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F97000002874

1. Corporation Name

NORMARK INVESTMENTS, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90185 025 ***150 00



Mailing Address Principal Place of Business 26756 HICKORY BLVD. 26756 HICKORY BLVD. BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/02/1997 Applied For 2. Principal Place of Business 2a. Mailing Address FEI Number Not Applicable 85-0360743 26 21 Suite, Apt. #, etc. **\$8.75** Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip This corporation owes the current year Intangible 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SCAROLA, MARK Street Address (P.O. Box Number is Not Acceptable) 26756 HICKORY BLVD **BONITA SPRINGS FL 34134** 83 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607-6502 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: 30ch 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. SCAND LA
(NOTE: Registered Agent signature MANK
Signature, typed or printed name of registered agent and title if applicable. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE ☐ Change Addition 1.1 TITLE PCD TITLE

SCAROLA, MARK 1.2 NAME NAME 26756 HICKORY BLVD 1.3 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 2.1 TITLE VSTD TITLE SCAROLA, NOREEN 22 NAME NAME 26756 HICKORY BLVD 2.3 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL** 2. 4 CITY-ST-ZIP CITY-ST-ZIP V.P. Change Addition ☐ DELETE TITLE 3.1 TITLE RAVMOND STUHLER 3.2 NAME NAME 17040 GOLFSIDE CIRCLE 3.3 STREET ADDRESS STREET ADDRESS 33908 34 CiTY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 61 TIB F ☐ Change □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MANK

CR2E034 (11/98)