

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90084 041 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F98000001791**

1. Corporation Name  
**NORALINE, INC.**

Principal Place of Business  
**13575 SANDY KEY DR., #826  
 PENSACOLA FL 32507**

Mailing Address  
**13575 SANDY KEY DR., #826  
 PENSACOLA FL 32507**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1998

4. FEI Number

38-3171637

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
 Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMPSON, MAURICE R  
 13575 SANDY KEY DR., #826  
 PENSACOLA FL 32507**

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 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 **PT** ☐ DELETE  
 NAME **SIMPSON, MAURICE R**  
 STREET ADDRESS **13575 SANDY KEY DR., #826**  
 CITY-ST-ZIP **PENSACOLA FL 32507**

1.1 TITLE **D** ☐ Change ☒ Addition  
 1.2 NAME **MARTHA COBB**  
 1.3 STREET ADDRESS **2944 CHARTER OAK BLVD**  
 1.4 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **V** ☐ DELETE  
 NAME **SIMPSON, JAMES A**  
 STREET ADDRESS **260 E. BROWN ST., SUITE 300**  
 CITY-ST-ZIP **BIRMINGHAM MI 48009**

2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
 NAME **BISOONI, JACKLYN L**  
 STREET ADDRESS **260 E. BROWN ST., SUITE 300**  
 CITY-ST-ZIP **BIRMINGHAM MI 48009**

3.1 TITLE ☐ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE **MEMBER OF BOB** ☐ DELETE  
 NAME **MARTHA COBB**  
 STREET ADDRESS **2944 CHARTER OAK BLVD**  
 CITY-ST-ZIP **PENSACOLA FL 32504**

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*Maurice R Simpson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

850-492-1215

Daytime Phone #

CR2E034 (11/98)