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

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G86148

(5)

FILED
May 13 1997 8:00am
Secretary of State

NORRIS	REALTY OF SEBRING, IN	IU.							
Principal Plac	e of Business	Mailing Address		_ •	·		BIBII EIDII DI	ON BURN BURN	
917 JENNIFER STREET P.O. BOX 5084 INCLINE VILLAGE NV 89450		80-155 MERION LA QUINTA CA 92 US	LA QUINTA CA 92253-5040						
US						3. Date Incorporated or Qualified 02/20/1984		te of Last Re 19/1996	eport
	lace of Business	2a. Mailing Addre	ss		·	4. FEI Number	1		plied For
21		26				34-1475968			t Applicable
Suite, Apt.		27				5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State	e	City & State				6. Election Campaign Financing	-	\$5.00	
23		28				Trust Fund Contribution		Added t	- -
Zip 24	Country	Zip	Cour	ııry		8. This corporation has liability for in		tax under s. ∃ No	199.032,
241	9. Name and Address of Curr	ent Registered Agent	30			Florida Statutes 10. Name and Address of New Reg			
MAC	BETH, JOSEPH	on negations rigini		81	Name	To. Trains and Addition of Now Tree	gratorou r	.90111	
	COMMERCE AVE			_					
	RING FL 33870		Ì	82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
OLD	11110 1 2 00070			83			·		
ı			ļ		·				
			ľ	84	City		FL	85 Zip C	Code
o ffice or r	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obli	ate of Florida. Such chanc	ie was authorized	i by	the corporation	oration submits this statement for the pon's board of directors. I hereby accep	urpose of I the appo	changing its pintment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE Hegisterco	Age	nt signature require	o when reinstating)	JTAG.		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	P OFFICE	☐ DEL	•					L Change	Addition
NAME	NORRIS, GENE		1,2 NAI		Ì				
STREET ADDRESS	80-155 MERION				ADDRESS				
CITY-ST-ZIP TITLE	D DELETE				T-ZIP			Change	Addition
NAME	NORRIS, MALCOM				Ì			L Criange	L_J Augition
STREET ADDRESS	7805 ALLEN ROBERTSON P	LACE	2.2 NAI		ADDRESS				
CITY-ST-ZIP	SARASOTA FL	DIOL	2.40			~			
TITLE	S	DEI			71 411			Change	Addition
NAME	HIGGINS, SALLY	_	3.2 NAI						
STREET ADDRESS	3831 WIGGENTON RD				ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL		3.4. CI						
TITLE		DEI						Change	Addition
NAME			4.2 NA	4ME	l				
STREET ADDRESS			4.3 ST	RELT.	ADDRESS				
CITY-ST-ZIP			4.4 C(1	Y - S1	1 · 21F				
TITLE		D€1	•					Change	Addition
NAME			5.2 NA						
STREET ADDRESS			5.3 \$10	REET	ADDRESS				
CITY-ST-ZIP		T See	5.4 CII		1 · ZIP			T 701	4
TITLE		☐ D£I						Change	Addition
NAME			62 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	L	C - 2 - 20 - 0 2 - 420	6401	Y - 5	1- ZIP				

I do 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 logal 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 duanged, or on an attachment with an address

GNATURE:

WORRIS

Y/29/97

U9/77/ H5355