

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H02059 (4)**

1. Corporation Name
NORWOOD INTERNATIONAL, INC.



Principal Place of Business Mailing Address
**C/O ROBERT R. HENDRY
200 EAST ROBINSON STREET, SUITE 500
ORLANDO FL 32801**

3. Date Incorporated or Qualified **05/04/1984** 3a. Date of Last Report **08/10/1995**

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 25. Country 29. Country 30. Country

4. FEI Number **59-2433777** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**FLORIDA CORPORATE SUPPORT INC.
200 EAST ROBINSON STREET, SUITE 500
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

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 then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
NAME: **D HENDRY, ROBERT R.** [] DELETE
STREET ADDRESS: **200 EAST ROBINSON ST. ORLANDO FL**
CITY-ST-ZIP: **ORLANDO FL**
TITLE: **PD** [] DELETE
NAME: **MYDSKE, BJORN**
STREET ADDRESS: **23 RTE DE PRILLY CH 1023 CRISSIER, SWITZERLAND**
CITY-ST-ZIP: **CRISSIER, SWITZERLAND**
TITLE: **V** [] DELETE
NAME: **KAALSTAD, OSCAR**
STREET ADDRESS: **700 WILLOW RUN LANE WINTER SPRINGS FL**
CITY-ST-ZIP: **WINTER SPRINGS FL**
TITLE: [] DELETE
NAME: [] DELETE
STREET ADDRESS: [] DELETE
CITY-ST-ZIP: [] DELETE
TITLE: [] DELETE
NAME: [] DELETE
STREET ADDRESS: [] DELETE
CITY-ST-ZIP: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE **P/S/D** [x] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE **V/P/D** [x] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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 this 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23.02.1996
Date

Daytime Phone #

CR2E034 (12/95)