

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 APR -7 AM 5:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H45598 (0)

1. Corporation Name
NOREY CORP.

Principal Place of Business
**7826-34TH COURT EAST
SARASOTA FL 34243-9886**

Mailing Address
**7826-34TH COURT EAST
SARASOTA FL 34243-9886**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/05/1985** 3a. Date of Last Report **05/12/1994**

2. Principal Place of Business
21 **PAK MAIL #12**
Suite, Apt. #, etc.
22
City & State
23 **BRADENTON FL**
Zip
24 **34207** Country
25 **USA**

2a. Mailing Address
26 **6012 B 14TH ST. W**
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number **65-0028820** 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

10. Name and Address of New Registered Agent

**PISCITELLO, NORMA
6012 B 14TH ST. WEST
BAYSHORE GARDENS SHOPPING CENTER
BRADENTON FL 34207**

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: Registered agent or authorized registered agent and the corporation)

(Signature: Registered Agent signature required when name change)

(Date)

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **PISCITELLO, NORMA**
STREET ADDRESS **7826 - 34 COURT EAST**
CITY ST ZIP **SARASOTA FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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

3.1 TITLE ☐ 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)(b), 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 887, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Norma M. Piscitello*
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

4/3/95 (913) 755-1150
Date Signature