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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

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NORMAN-ALEXANDER INVESTMENT PROPERTIES, INC.

Principal Place of Business Mailing Address 1413 8 HOWARD 1509 S BAY VILLA PL **TAMPA FL 33629** SUITE 214 DO NOT WRITE IN THIS SPACE TAMPA FL 33629 3. Date Incorporated or Qualified 07/12/1985 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 59-2567073 Suite, Apl. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible Yes ☐ No 30 Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 DUTSCHKE, PHYLLIS S. 1509 BAY VILLA PL 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33629** 63 84 City 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: typoid or printed manie of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition PST 1.1 TITLE TITLE **DUTSCHKE, PHYLLIS S.** NAME 1.2 NAME 1509 BAY VILLA PLACE STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL City-St-ZiP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE Change NAME **DUTSCHKE, PHYLLIS S.** 2.2 NAME STREET ADDRESS **1509 BAY VILLA PLACE** 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 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.

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