

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Gandhi B. Mathison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H74661** (0)

NORRIE REALTY, INC.



Principal Place of Business: 1010A ATLANTIC STREET MELBOURNE BEACH FL 32951 US
Mailing Address: 1010A ATLANTIC STREET MELBOURNE BEACH FL 32951 US

2. Principal Place of Business: 21 State, Apt., etc. 22 City & State 23 City, State, Zip 24
2a. Mailing Address: 26 State, Apt., etc. 27 City & State 28 City, State, Zip 29 Country 30
9. Name and Address of Current Registered Agent

**NORRIE, ALLAN S.
1010A ATLANTIC STREET
MELBOURNE BEACH FL 32951-9306**

3. Date Incorporated or Created: 09/05/1985
3a. Date of Last Report: 04/07/1995
4. FEI Number: 59-2579584
5. Certificate of Status Desired: Applied For, Not Applicable
6. Election Campaign Financing / Trust Fund Contributor: \$8.75 Additional Fee Required, \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.042, Florida Statutes: Yes, No
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 607.09(2) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the principal place of business in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, it assents the appointment as registered agent of said firm as well as to accept the obligations of said firm under Florida Statutes.

12. OFFICERS AND DIRECTORS
1. NAME: PDS
2. ADDRESS: NORRIE, ALLAN S., 1010A ATLANTIC ST., MELBOURNE BCH. FL
3. TITLE: [] OFFICER [] DIRECTOR
4. NAME: [] OFFICER [] DIRECTOR
5. ADDRESS: [] OFFICER [] DIRECTOR
6. TITLE: [] OFFICER [] DIRECTOR
7. NAME: [] OFFICER [] DIRECTOR
8. ADDRESS: [] OFFICER [] DIRECTOR
9. TITLE: [] OFFICER [] DIRECTOR
10. NAME: [] OFFICER [] DIRECTOR
11. ADDRESS: [] OFFICER [] DIRECTOR
12. TITLE: [] OFFICER [] DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: [] Change [] Addition
2. NAME: [] Change [] Addition
3. STREET ADDRESS: [] Change [] Addition
4. CITY, STATE, ZIP: [] Change [] Addition
5. NAME: [] Change [] Addition
6. STREET ADDRESS: [] Change [] Addition
7. CITY, STATE, ZIP: [] Change [] Addition
8. NAME: [] Change [] Addition
9. STREET ADDRESS: [] Change [] Addition
10. CITY, STATE, ZIP: [] Change [] Addition
11. NAME: [] Change [] Addition
12. STREET ADDRESS: [] Change [] Addition
13. CITY, STATE, ZIP: [] Change [] Addition

14. I, the undersigned, certify that the information on pages 1 through 13 of this filing is a true and correct copy of the information furnished and checked for accuracy for the exempted States in Section 199.043(3)(b), Florida Statutes. Further, I am the person who prepared or caused the preparation of this annual report or supplemental annual report to be filed and accurate and that my signature shall have the same legal effect as if made under oath. This filing is a filing of this corporation and not a filing of a trustee or trustee corporation to create a trust report as required by Chapter 607, Florida Statutes, and that my name appears in Part 12 or Part 13 of this filing as required by Chapter 607, Florida Statutes.

SIGNATURE: *Allan S. Norrie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96 1-407-984-0364

CR2E034 (12/95)