## FILE NOW: FILING FEE AFTER MAY 1 IS \$550

**PROFIT CORPORATION** ANNUAL REPORT

1997

SIGNATURE:

FLORIDA DEPARTMENT O

**FILED** 

Feb 11 1997 8:00am

Secretary of State

Sandra B. Morth

Secretary of State DIVISION OF CORPORA ONS

OCCUMENT # LICORE

151

Principal Prace % NORMAN R. 4308 ELMAR DF	KALBERER	Mailing Address  NORMAN R. KALBERER  4008 ELMAR DR LAUDERDALE BY THE SEA F	FI 33308-5020			
US		US	L WALL	3. Date Incorporated or Qualified 12/16/1985	3a. Date of Last Report 02/22/1996	
2. Principal Pla 21	ace of Business	28. Mailing Address		4. FEI Number 59-2658357	Applied For Not Applicable	
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	>	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	28 Zip	Country	Trust Fund Contribution  8 This corporation has liability for in	Added to Fees	
24	25	29 30	— ·	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No	
	9, Name and Address of Current F			10. Name and Address of New Reg		
KALBERER, NORMAN R. 81 Name						
4308 EL MAR DR			82 Street Addre	Address (P.O. Box Number is Not Acceptable)		
LAUI	DERDALE BY THE SEA FL 33308		83			
				<u></u>	1.1 4. 2.2.	
			84 City		FL 85 Zip Code	
11. Pursuant to	o the provisions of Sections 607,0502 a	and 607,1508, Florida Statutes, f Storida, Sudh change was au'	, the above-named corp	poration submits this statement for the pution's board of directors. I hereby accep	urpose of changing its registered	
agent. I an	n familiar with and alcopy the obligation	os of Section 607.0505, Floric	da Statutes.	(OILS DOCING OF ARROUNDS A FRANCISCO	a la a	
SIGNATURE 5	Signal Andro Clinited rune of registered agent a	SUSSI	Registered Agent signature require		N7/7 1	
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE	TSD	☐ DELETE	1.1 TITLE		Change Addition	
NAME	KALBERER, NORMAN R.		1.2 NAME			
STREET ADDRESS	4308 EL MAR DR LAUDERDALE BY THE SEA FL	,	1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	PVD PVD	DELETE	1.4 City-ST-ZIP 2.1 Title		Change Addition	
NAME	KALBERER, OTTO F.	<u> </u>	2.2 NAME		hand Vissings and commit	
STREET ADDRESS	3115 S OC BL OC TE N 604	,	2.3 STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND BCH FL		2 4 CiTY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME		I	3.2 NAME			
STREET ADDRESS		I	3.3 STREET ADDRESS			
CITY-ST-7iP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition	
NAME		- otter	4.1 IIILE 4.2 NAME		. Li Unongo Lug rwantor-	
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP		ı	4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME	•		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP		PECETE	5.4 CITY - ST - ZIP		Addition	
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME OTDEET ADDRESS			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
14. I do hereb	ov certify that the information supplied	with this filing does not qualify	for the exemption stated	d in Section 119.07(3)(i), Florida Statutes	s. I further certify that the	
information I am an of appears in	n indicated on this annual report or sur ficer or director of the corporation or the h Block 12 or Block 13 Fiphanged, yr c	oplemental annual report is true ne receiver or trustee empower or an attachment with an addre	a and accurate and that ed to execute this repor- ses.	t my signature shall have the same legal of as required by Chapter 607, Florida Si	leffect as if made under oath; that tatutes; and that my name	