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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:36

DOCUMENT # **J40427** **(3)**

1. Corporation Name
NORMAN BROTHERS PROPERTIES, INC.

Principal Place of Business	Mailing Address
1983 NORTH SEMORAN BOULEVARD ORLANDO FL 32807	% MARVIN E. ROOKS, ESQ. ~~147 WEST LYMAN AVENUE~~ ~~WINTER PARK FL 32789~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/31/1986**
3a. Date of Last Report: **02/24/1994**

2. Principal Place of Business
21
Suite, Apt. # or Bldg.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
29
Marvin E. Rooks, Esquire
MARVIN E. ROOKS, P.A.
500 Crown Oak Centre Drive
Longwood, FL 32750
30

4. FEI Number: **59-2406736** ☐ 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

ROOKS, MARVIN E.
~~147 WEST LYMAN AVNEUE~~
~~ORLANDO FL 32807~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address: Marvin E. Rooks, Esquire
MARVIN E. ROOKS, P.A.
83 500 Crown Oak Centre Drive
84 City: Longwood, FL 32750 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 _____ DATE
(Signature, type or print name of registered agent and the date of acceptance) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	11 TITLE	☐ Change ☐ Addition
NAME	NORMAN, GEORGE J	12 NAME	
STREET ADDRESS	1983 N SEMORAN BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	NORMAN, JAMES G	22 NAME	
STREET ADDRESS	1983 N SEMORAN BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	NORMAN, FORREST A	32 NAME	
STREET ADDRESS	1983 N SEMORAN BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information indicated on this report or supplement 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 above or on an attachment with an address.

SIGNATURE: James E Norman 1-17-95 407 657 2500
HOLOGRAPHIC AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0049031 CP