

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

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, P.A.
500 CROWN OAK CENTRE DRIVE
LONGWOOD FL 32750
US**

2. Principal Place of Business

2a. Mailing Address

| | | | | | |
|----|---------------------|---------|----|---------------------|---------|
| 21 | Suite, Apt. #, etc. | | 26 | Suite, Apt. #, etc. | |
| 22 | City & State | | 27 | City & State | |
| 23 | Zip | Country | 28 | Zip | Country |
| 24 | | 25 | 29 | | 30 |

3. Date Incorporated or Qualified

10/31/1986

3a. Date of Last Report

01/20/1995

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

10. Name and Address of New Registered Agent

**ROOKS, MARVIN E., ESQ.
MARVIN E. ROOKS, P.A.
500 CROWN OAK CENTRE DRIVE
LONGWOOD FL 32750**

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 (Type or printed name of registered agent and the date of signature)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-----------------------------|---------------------------------|
| TITLE | DST | <input type="checkbox"/> DELETE |
| NAME | NORMAN, GEORGE J | |
| STREET ADDRESS | 1983 N SEMORAN BLVD. | |
| CITY - ST - ZIP | ORLANDO FL 32807 | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | NORMAN, JAMES G | |
| STREET ADDRESS | 1983 N SEMORAN BLVD. | |
| CITY - ST - ZIP | ORLANDO FL 32807 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | NORMAN, FORREST A | |
| STREET ADDRESS | 1983 N SEMORAN BLVD. | |
| CITY - ST - ZIP | ORLANDO FL 32807 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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.

JAMES G NORMAN, SECT. TRES.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/01/96

Date

(407) 657-9500

Daytime Phone #

CR2E034 (12/95)