FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

(3)

NORMAN BROTHERS PROPERTIES, INC.

Mailing Address

1983 NORTH SEMORAN BOULEVARD ORLANDO FL 32807

% MARVIN E. ROOKS, P.A. 500 CROWN OAK CENTRE DRIVE

FILED Jan 23 1998 8:00am Secretary of State



S. Principal Place of Byspess 2a. Mailing Aginess 2a. Mailing Aginess 3a. Mailin	011111111111111111111111111111111111111	. 02001	LONGWOOD FL 32750			DO NOT WRITE IN THIS SPACE					
2. Principal Place of Dyspiess 2. Address 2.	US .						3. Date Incorporated or Qualified				1
Suite, Apt. 4, etc.									J		
Sulfe, Apt. 4, etc. Sulfe, Apt. 4, etc.		lace of Business	— ~ ~ /~ // /	11	11					·	_
Search S		S Old Bear Kun		lan	d	ve,	59-2406736				1
20					5. Certificate of Status Desired	\$	T				
Zip	City & State	<u></u>			6. Election Campaign Financing		\$5.00 May Be				
24 32.797 25 29 82 82 80 30 Personal Property Tax due June 20. Yes No. 9. Name and Address of Current Registered Agent ROOKS, MARNIN E., ESQ. MARVIN E. ROOKS, P.A. -500-GROWN DAK-CENTRE-DRIVE					1-4		Trust Fund Contribution		Added	to Fees	1
S. Name and Address of Current Registered Agent ROOKS, MARVIN E. ROOKS, P.A. 100 ROWN E. ROOKS, P.A. 100 ROWN D. ROOKS, P.A. 100 ROOKS, MARVIN E. ROOKS, P.A. 100 ROOKS D. ROOKS, MARVIN E. ROOKS, P.A. 100		7 '			,		-		1		
ROOKS, MARVIN E., ESQ. MARVIN E., ROOKS, P.A. 506 GROWN OAK CENTRE-DRIVE LONGWOOD FL 39750- OK JANDO, F.L. 32 803 81 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 are registered agent, 1 am familiar with, and accept the obligations of Sections 607.0505, Florida Statutes. SIGNATURE SIGNAT	24 52/)						_l No	4		
MARVIN E., BOSJ. MARVIN E., ROKS, P.A. 500 GROWN OAK CENTRE- DRIVE LONGWOOD FL 32750 OR JANDO, F.L. 32 803 81 41 City FL 83 21 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 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, 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, in fightilar with and accept the obligations of, Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, in fightilar this profess of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, in fightilar this profess of the corporation's board of directors. I hereby accept the appointment as 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 are registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment are registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment are registered by the corporation's board of directors. I hereby accept the appointment are registered by the corporation's board of directors. I hereby accept the appointment are registered by the corporation's board of directors. I hereby accept the appointment are registered by the corporation's board of directors. I hereby accept the appointment are registered by the corporation's board of directors. I hereby accept the appointment			t Registered Agent		1 Name		10. Name and Address of New Ho	egistered Age	nt		4
## City ## City ## Company		°	oi warrie						1		
### City FL 22750 ###	-500 CROWN OAK CENTRE DRIVE 940 HIGHLAND AV				2 Street	et Address (P.O. Box Number is Not Acceptable)					٦
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, or a 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, 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, and the obligations of, Section 607.0508, Florida Statutes. SIGNATURE					3						
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 607.0506, Florida Statutes. SIGNATURE SIG	7201	O,	RIANDO, FL 32803								j
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SIGNATURE	11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abo	ve-name	corpo	ration submits this statement for the	purpose of ch	anging i	ts registered	٦
SIGNATURE	agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	la Statute	es	poratio	it's board of directors, I hereby acce	the appoint	ment as	reflisiered	1
Sylf-Sim- typed or printed rearre or registered agent and libit of applicable. NOTE: Registered Agent adjust of the nontratating) DATE	SIGNATURE _	town & Corners	Ja me.c.G. Norm	an -	Pre	ری		1-14	-98	, >	
DST		Signalure, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	egistered A	gent signatu	e required		DATE			16
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated as the exemption stated and that my circular section 119.07(3)(1), Florida Statutes. I further certify that the information is a second country and cou			th this filing does not qualify for the	ne exem	ption stat	ed in S	ection 119.07(3)(i), Florida Statutes.	I further certify	that the	information	1

indicated on this allinear report of supprehensal annual report is due and accurate and that my signature shall have the same legal effect as it made under oath; that I am a 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.