

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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J40427 (3)
1. Corporation Name
NORMAN BROTHERS PROPERTIES, INC.



Principal Place of Business
1983 NORTH SEMORAN BOULEVARD
ORLANDO FL 32807

Mailing Address
% MARVIN E. ROOKS, P.A.
500 CROWN OAK CENTRE DRIVE
LONGWOOD FL 32750
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 4445 Old Bear Run
Suite, Apt. #, etc.
22 City & State
23 Winter Park, FL
Zip Country
24 32792 25
2a. Mailing Address
26 940 Highland Ave.
Suite, Apt. #, etc.
27 City & State
28 Orlando, FL
Zip Country
29 32803 30

3. Date Incorporated or Qualified
10/31/1986

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROOKS, MARVIN E., ESQ.
MARVIN E. ROOKS, P.A.
500 CROWN OAK CENTRE DRIVE
LONGWOOD FL 32750
940 HIGHLAND AVE.
ORLANDO, FL 32803

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 607.0502 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 James G. Norman - Pres. DATE 1-14-98
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: James G. Norman - Pres. DATE 1-14-98 407-677-5861
(NOTE: Registered Agent signature required when reinstalling)

CR2E034 (10/97)