

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J49996 (8)

1. Corporation Name

NORMANDEAL FINANCIAL CORPORATION

Principal Place of Business

% C T CORPORATION SYSTEM
5401 CORPORATE WOODS DR..#100
PENSACOLA FL 32504

Mailing Address

% C T CORPORATION SYSTEM
5401 CORPORATE WOODS DR..#100
PENSACOLA FL 32504-8974

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

T
NAME GREENFIELD, BARRY W
STREET ADDRESS 4200 W. CYPRESS, #444
CITY-ST-ZIP TAMPA FL

D
NAME CONNOR, GEORGE X
STREET ADDRESS 9900 BREN RD.EAST
CITY-ST-ZIP MINNETONKA MN

AS
NAME KASER, MARY
STREET ADDRESS 5401 CORP WOODS DR 100
CITY-ST-ZIP PENSACOLA FL

PSD
NAME RAUENHORST, NEIL J.
STREET ADDRESS 4200 W. CYPRESS
CITY-ST-ZIP TAMPA FL

D
NAME PERKINS, ROBERT
STREET ADDRESS 9900 BREN ROAD EAST
CITY-ST-ZIP MINNETONKA MN

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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

5/27/97

904/478-8453

FILED
Jun 18 1997 8:00am
Secretary of State



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