

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 19, 2007 08:00 AM  
Secretary of State

DOCUMENT # J80747

1. Entity Name  
NORMARK, INC.



Principal Place of Business  
4125 CLEVELAND AVE.  
SUITE 25 EDISON MALL  
FT. MYERS, FL 33901

Mailing Address  
4125 CLEVELAND AVE.  
SUITE 25 EDISON MALL  
FT. MYERS, FL 33901



02052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2819646

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TANNENBAUM, EUGEN  
6601 S.W. 75TH TERRACE  
MIAMI, FL 33143

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME ARONS, NORMAN J.  
STREET ADDRESS 4125 CLEVELAND AVE. #25  
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE D  
NAME SCHAFE, MARK D.  
STREET ADDRESS 4125 CLEVELAND AVE. #25  
CITY-ST-ZIP FT. MYERS, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000640622  
02/28/07-80072-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Schafe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #