FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **GORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (8)1. Corporation Name NORTON INTERNATIONAL, INC. Principal Place of Business Mailing Address 1535 COGSWELL ST A-3 1535 COGSWELL ST A-3 ROCKLEDGE FL 32955 **ROCKLEDGE FL 32955** US 3. Date Incorporated or Qualified 3a. Date of Last Report 12/22/1987 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2860095 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Г٦ 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 ☐ Yes ☐ No 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name UNGAR, DAVID Street Address (P.O. Box Number is Not Acceptable) 82 1535 N COGSWELL ST A-3 83 **ROCKLEDGE FL 32955** City 84 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. Thereby 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 signature required when re-natating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. CR2E034 (12/ DELETE TITLE 1. 1 THE Change Addition UNGAR, DAVID NAME 1.2 NAME 1535 N COGSWELL ST A-3 STREET ADDRESS 1.3 STREET ADDRESS **ROCKLEDGE FL 32955** CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2 1 TITLE GENOVESI, JOHN F NAME 2.2 NAME STREET ADDRESS 1535 N. COGSWELL A-3 2.3 STREET ADDRESS CITY-ST-ZIP ROCKLEDGE FL 32955 2.4 CITY - \$1 - 7IP [] DELETE TITLE 3 1 TITLE Change Addition NAME UNGAR, FRANCES 3 2 NAME 1535 N. COGSWEEL A-3 STREET ADDRESS 3.3. STREET ADDRESS **ROCKLEDGE FL 32955** CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4. 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE 300001854983°° -06/07/96--01012--026 TITLE 5 1 TITLE ☐ Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS ***200.00 CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE Change Addition TILLE 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 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 agricult open or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the consenation or the deceiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

appears in Block 12 or Block

SIGNATURE: