

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**
MAY 18 PM 12:35
STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
NORMAIDALE PROPERTIES SOUTH CORPORATION

DOCUMENT #
L13332 (6)

Mailing Address
**% C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324**

Principal Place of Business
**% C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

If above information is incorrect in any way, list through correct information and only correction below

2. Mailing Address
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Principal Place of Business
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
09/05/1989

3a. Date of Last Report
08/23/1994

4. FEI Number
59-2964421

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Election Concerning Financing Fees
\$5.00 May Be Added to Fees

7. Nonprofit Exempt from \$138.75 Supplemental Fee

8. This corporation has liability for intangible tax under S. 198.02, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

11 TITLE: C/E/O
12 NAME: RAUENHORST, NEIL
13 STREET ADDRESS: 4200 W. CYPRESS, STE 444
14 CITY - ST - ZIP: TAMPA FL

21 TITLE: T
22 NAME: GREENFIELD, BARRY
23 STREET ADDRESS: 4200 W. CYPRESS, STE 444
24 CITY - ST - ZIP: TAMPA FL

31 TITLE: S
32 NAME: LEE, JAMES
33 STREET ADDRESS: 4200 W. CYPRESS, STE 444
34 CITY - ST - ZIP: TAMPA FL

41 TITLE: D
42 NAME: CONNOR, GEORGE X.
43 STREET ADDRESS: 9900 BREN ROAD, EAST
44 CITY - ST - ZIP: MINNETONKA MN

51 TITLE: D
52 NAME: PERKINS, ROBERT
53 STREET ADDRESS: 9900 BREN ROAD, EAST
54 CITY - ST - ZIP: MINNETONKA MN

13. CHANGES TO OFFICERS AND DIRECTORS IN 1995

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

65-68

REMITTED BY MAY 1

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 118.07(3)(b), Florida Statutes. I hereby certify that the corporation will not incur any liability for non-compliance with Section 118.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that I have followed the obligations concerning employment properly imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the registered agent, and that my name appears in Block 12 or Block 13 of this document, or in an attachment thereto.

SIGNATURE: *Barry Greenfield*
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-95
904-478-8433