E NOW: FILING FEE AFTER MAY 1ST IS $550.00.

FILED
Apr 02 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 # L13332

Corporation Name

NORMANDALE PROPERTIES SOUTH CORPORATION

Principal Place of Business	Mailing Address
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 09-05-1989	
21	26	4. FEI Number: 59-2964421	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	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	10. Name and Address of New Registered Agent
RAUENHORT, NEIL 4200 W. CYPRESS ST. SUITE 444 TAMPA FL 33607	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CFO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RAUENHORST, NEIL		1.2 NAME		
STREET ADDRESS	4200 W. CYPRESS STE 444		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33067		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GREENFIELD, BARRY		2.2 NAME		
STREET ADDRESS	4200 W. CYPRESS STE 444		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEE, JAMES		3.2 NAME		
STREET ADDRESS	4200 W. CYPRESS STE 444		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33067		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CONNER, GEORGE X		4.2 NAME		
STREET ADDRESS	9900 BREN ROAD, EAST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA MN		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PERKINS, ROBERT		5.2 NAME		
STREET ADDRESS	9900 BREN ROAD, EAST		5.3 STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA MN		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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 added on an attachment with an address.

SIGNATURE: Neil Rauenhorst NEIL RAUENHORST 3-16-98 813-877-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #