

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:27

DOCUMENT # L35527 (5)

1. Corporation Name
NORMAN & BOB, INC.

Principal Place of Business
**5413 WEST ATLANTIC BLVD.
MARGATE FL 33063-5210**

Mailing Address
**5413 WEST ATLANTIC BLVD.
MARGATE FL 33063-5210**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/12/1989** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0171832** Applied For ☐ Not Applicable ☐

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under FL 1993 c. 32 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21. State Apt. #, etc. 26. State Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**SEGEL, RONALD L.
2424 NORTH FEDERAL HIGHWAY
SUITE 380
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

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 must be correct name of registered agent and filed as such.

NOTE: Registered Agent signature required after December 31, 1995.

(Att)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARSON, JOYCE
STREET ADDRESS	5413 W. ATLANTIC BLVD.
CITY, ST, ZIP	MARGATE FL
TITLE	VPST
NAME	DASH, BOB
STREET ADDRESS	5413 W. ATLANTIC BLVD.
CITY, ST, ZIP	MARGATE FL
TITLE	VP
NAME	DASH, BOB
STREET ADDRESS	5413 W. ATLANTIC BLVD.
CITY, ST, ZIP	MARGATE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
1.1 NAME	
1.2 STREET ADDRESS	
1.3 CITY, ST, ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.1 NAME	VPST
2.2 STREET ADDRESS	CARSON, JOYCE
2.3 CITY, ST, ZIP	5413 W ATLANTIC BLVD
2.4 CITY, ST, ZIP	MARGATE, FL 33063
3.1 TITLE	☒ Change ☐ Addition
3.1 NAME	VP
3.2 STREET ADDRESS	CARSON, RICHARD
3.3 CITY, ST, ZIP	5413 W ATLANTIC
3.4 CITY, ST, ZIP	MARGATE, FL 33063
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(1)(b), Florida Statutes. I further certify that this 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 637, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/95 971-2500
JCS