FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

L35527

(5)

NORMAN & BOB, INC.

Principal Place of Business

Mailing Address

5413 WEST ATLANTIC BLVD.

5413 WEST ATLANTIC BLVD.

FILED Apr 08 1998 8:00am Secretary of State



MARGATE FL 33063-5210				MARGATE FL 33063-5210				DO NOT WRITE IN THIS SPACE							
								3.	Date Inco	orporated o	r Qualifie	d			
									12/12	2/1989					
2. Principal Pl	ace of Busin	oss		2a. Mailing Address				4.	, FEI Numb	oer .				A)	oplied For
21				26					65 H	0171832					ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5.	. Certificat	e of Status	Desired		•		Additional equired	
City & State				City & State			6.	Election (Campaign	Financino	,		\$5.00	May Be	
23				28					d Contribu					to Fees	
Zip		Country		Zip		Country	•	8.	This corp	oration ow	es or has	paid the	_		~
24		25		29	30	<u> </u>				Property T			<u> </u>	_	J No
	g, Name	and Address	of Current	Registered Agent		81	F \$1	10.	. Name ar	d Address	of New	Registe	red Age	nt	
	iegel, roi					•'	Name								
2424 NORTH FEDERAL HIGHWAY							Street A	Address (F	P.O. Box N	umber is N	ot Accep	table)			
	UITE 360	-													
B	oca rato	N FL 33431				83									
						84	City							5 Zip	Code
												-	FL <u> </u>		
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, typed			and title if applicable	(NOTE: F		ent signature	required wher				DA			
12.		OF11	CERS AND	DIRECTORS	DE: 575	13.			ADDITION	S/CHANG	S TO OF	FICERS			
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NAME						6.2 NAME									
STREET ADDRESS						6.3 STREET	ADDRESS								

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 on an address.

SIGNATURE: