

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M13878**

(7)

1. Corporation Name

THE NORSTROM COMPANIES, INC.



Principal Place of Business

Mailing Address

**6723 LAKE ISLAND DR
LAKE WORTH FL 33467**

**6723 LAKE ISLAND DR
LAKE WORTH FL 33467**

3. Date Incorporated or Qualified
04/12/1985

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

21 **6555 Garden Road**

Suite, Apt. #, etc.

22

City & State

23 **Riviera Beach, Florida**

24 **33404-6316**

Country

2a. Mailing Address

26 **6555 Garden Road**

Suite, Apt. #, etc.

27

City & State

28 **Riviera Beach, Florida**

29 **33404**

Country

30 **6316**

4. FEI Number
65-0054441

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 s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MONESCALCHI, RICHARD J.
7556 LAKE WORTH ROAD, SUITE 102
LAKE WORTH FL 33467**

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PVT** ☐ DELETE
NAME **NORSTROM, DALE**
STREET ADDRESS **6723 LAKE ISLAND DR**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **D** ☒ DELETE
NAME **NORSTROM, DALE**
STREET ADDRESS **6723 LAKE ISLAND DRIVE**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **SD** ☐ DELETE
NAME **NORSTROM, GUDRUN**
STREET ADDRESS **6723 LAKE ISLAND DRIVE**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PVTD** ☒ Change ☐ Addition
1.2 NAME **Norstrom, Dale**
1.3 STREET ADDRESS **6555 Garden Road**
1.4 CITY-ST-ZIP **Riviera Beach, Florida 33404-6316** ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/96

Daytime Phone #

CR2E034 (3/96)