FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -7 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M29195 (8)

1. Corporation Name

NORMAN PROPERTIES, INC.

Principal Place of Business	Mailing Address
C/O FEINBERG & MAIDENBAUM 4651 SHERIDAN STREET. SUITE #300 HOLLYWOOD FL 33021	C/O N. STRICOF 30100 TELEGRAPH RD. STE 120 BIRMINGHAM MI 48025 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/20/1986
3a. Date of Last Report: 01/25/1994

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

4. FEI Number: 31-1167665 ☐ 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

FEINBERG, JEFFREY
C/O FEINBERG & MAIDENBAUM
4651 SHERIDAN STREET, SUITE #300
HOLLYWOOD FL 33021

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 _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	☐ Change ☐ Addition
NAME	STRICOF, NORMAN	1.2 NAME	
STREET ADDRESS	30100 TELEGRAPH RD #120	1.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM MI	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	STRICOF, KATHY	2.2 NAME	
STREET ADDRESS	1945 TUCKAWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	STRICOF, DANIEL	3.2 NAME	
STREET ADDRESS	4986 CIRCULO BUJIO	3.3 STREET ADDRESS	
CITY-ST-ZIP	TUCSON AZ	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	☐ Change ☐ Addition
NAME	STRICOF, BETH	4.2 NAME	
STREET ADDRESS	11 HOMESTEAD TER.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LIVINGSTON, NJ.	4.4 CITY-ST-ZIP	
TITLE	DT	5.1 TITLE	☐ Change ☐ Addition
NAME	STRICOF, RACHEL	5.2 NAME	
STREET ADDRESS	524 SIR CHARLES WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY NY	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 attachment with an address.

SIGNATURE: Norman J. Stricof 3/1/95 (810) 642-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0466800 FP