FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M29195** **(8)**

1. Corporation Name

NORMAN PROPERTIES, INC.

Principal Place of Business

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

Mailing Address

C/O N. STRICOF
30100 TELEGRAPH RD. STE 120
BIRMINGHAM MI 48025
US

3. Date Incorporated or Qualified: **03/20/1986**

3a. Date of Last Report: **03/07/1995**

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 [X] No

2. Principal Place of Business
21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

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 617.1502, 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPS	[ ] DELETE
NAME	STRICOF, NORMAN	
STREET ADDRESS	30100 TELEGRAPH RD #120	
CITY-ST-ZIP	BIRMINGHAM MI 48025	
TITLE	DV	[ ] DELETE
NAME	STRICOF, KATHY	
STREET ADDRESS	1945 TUCKAWAY	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48302	
TITLE	DV	[ ] DELETE
NAME	STRICOF, DANIEL	
STREET ADDRESS	~~4988 CIRCULO BUJIO~~ 3512 WINDY POINTE	
CITY-ST-ZIP	TUCSON AZ 85718	
TITLE	DV	[ ] DELETE
NAME	STRICOF, BETH	
STREET ADDRESS	~~11 HOMESTEAD TER.~~ 10 RAINBOW RIDGE DRIVE	
CITY-ST-ZIP	LIVINGSTON, NJ. 07039	
TITLE	DT	[ ] DELETE
NAME	STRICOF, RACHEL	
STREET ADDRESS	524 SIR CHARLES WAY	
CITY-ST-ZIP	ALBANY NY 12203	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1-1 TITLE	[ ] Change [ ] Addition
1-2 NAME	
1-3 STREET ADDRESS	
1-4 CITY-ST-ZIP	
2-1 TITLE	[ ] Change [ ] Addition
2-2 NAME	
2-3 STREET ADDRESS	
2-4 CITY-ST-ZIP	
3-1 TITLE	[ ] Change [ ] Addition
3-2 NAME	
3-3 STREET ADDRESS	
3-4 CITY-ST-ZIP	
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 each Officer and Director listed 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 attached sheet, with an address.

SIGNATURE: Norman Stricof 4/2/96 (810) 642-5200

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

CR2E034 (12/95)