3-13-97 B-3013 NK

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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	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 48025-4515 US

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

3. Date Incorporated or Qualified: 03/20/1986
3a. Date of Last Report: 04/09/1996
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPS	[ ] DELETE
NAME	STRICOF, NORMAN	
STREET ADDRESS	30100 TELEGRAPH RD #120	
CITY-ST-ZIP	BIRMINGHAM MI	
TITLE	DV	[ ] DELETE
NAME	STRICOF, KATHY	
STREET ADDRESS	1945 TUCKAWAY	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	
TITLE	DV	[ ] DELETE
NAME	STRICOF, DANIEL	
STREET ADDRESS	3512 WINDY POINTE	
CITY-ST-ZIP	TUCSON AZ	
TITLE	DV	[ ] DELETE
NAME	STRICOF, BETH	
STREET ADDRESS	10 RAINBOW RIDGE DRIVE	
CITY-ST-ZIP	LIVINGSTON, NJ.	
TITLE	DT	[ ] DELETE
NAME	STRICOF, RACHEL	
STREET ADDRESS	524 SIR CHARLES WAY	
CITY-ST-ZIP	ALBANY NY	
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		

CR2E034 (9/96)

14. I do 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 attachment with an address.

SIGNATURE: Norman J. Stricof 3/9/97 (810) 642-5200