

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 31-1167665	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STRICOF, NORMAN		12 NAME		
CITY-STATE-ZIP	30100 TELEGRAPH RD #120		13 STREET ADDRESS		
	BIRMINGHAM MI		14 CITY-STATE-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STRICOF, KATHY		22 NAME		
CITY-STATE-ZIP	1945 TUCKAWAY		23 STREET ADDRESS		
	BLOOMFIELD HILLS MI		24 CITY-STATE-ZIP		
TITLE	NAME	<input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STRICOF, DANIEL		32 NAME		
CITY-STATE-ZIP	3512 WINDY POINTE		33 STREET ADDRESS		
	TUCSON AZ		34 CITY-STATE-ZIP		
TITLE	NAME	<input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STRICOF, BETH		42 NAME		
CITY-STATE-ZIP	10 RAINBOW RIDGE DRIVE		43 STREET ADDRESS		
	LIVINGSTON, NJ.		44 CITY-STATE-ZIP		
TITLE	NAME	<input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STRICOF, RACHEL		52 NAME		
CITY-STATE-ZIP	524 SIR CHARLES WAY		53 STREET ADDRESS		
	ALBANY NY		54 CITY-STATE-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			62 NAME		
CITY-STATE-ZIP			63 STREET ADDRESS		
			64 CITY-STATE-ZIP		

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 attachment with an address.

SIGNATURE:

Norman Stricof

4/15/98

CR2E034 (10/97)