

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:27

DOCUMENT # **M41241** (4)
Corporation Name
NORMAL PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**4575 NAUTILUS CT.
P.O. BOX 2424
MIAMI BEACH FL 33140**

Mailing Address
**4575 NAUTILUS CT.
P.O. BOX 2424
MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified
11/06/1986

3a. Date of Last Report
03/22/1994

| | | | | | | | |
|--------------------------------|--|-------------------------|--|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 25 | | 65-0188393 | | Not Applicable | |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23. City & State | | 28. City & State | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24. Zip | | 25. Country | | 29. Zip | | 30. Country | |
| 24 | | 25 | | 29 | | 30 | |

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

| | | | | | | | |
|--|--|--|--|---|--|-------------|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| ROSENFELD, ALBERT 4575 NAUTILUS CT. MIAMI BEACH FL 33140 | | | | B1 Name | | | |
| | | | | B2 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | B3 | | | |
| | | | | B4 City | | | |
| | | | | FL | | B5 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 provisions of, Section 607.0507, Florida Statutes.

SIGNATURE: Albert Rosenfeld, Pres. DATE: 1/15/95

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSENFELD, ALBERT | 1.2 NAME | |
| STREET ADDRESS | 4575 NAUTILUS CT. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | VS | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSENFELD, NORMA | 2.2 NAME | |
| STREET ADDRESS | 4575 NAUTILUS CT. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE: Albert Rosenfeld 11-22-94 (305) 460-3203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALBERT ROSENFELD