PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

NORMAL PROPERTIES INC.

FILED Mar 17, 1999 8:00 am Secretary of State 03-17-1999 90017 009 ***750.00

Principal Place	e of Business	Mailing Address		
4575 NAUTILUS CT.		4575 NAUTILUS CT.		
P.O. BOX 2424 MIAMF BEACH FL 33140		P.O. BOX 2424 MIAMI BEACH FL 33140		DO NOT WRITE IN THIS SPACE
WINAM DENOTITE 03140		MINIMI DENOTTIE 00170		Date Incorporated or Qualified
				11/06/1986
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0188393 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & State		City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
23		28	Country	110011011011011011011011011011011011011
Zip	Country	Zip	30	8. This corporation owes the current year intangible Personal Property Tax. □ Yes □ No
24	9. Name and Address of Curr		30	10. Name and Address of New Registered Agent
	5. Name and Address of Curr	ent Registered Agent	81 Name	
ROS	enfeld, albert			
4575 NAUTILUS CT.			82 Street Add	dress (P.O. Box Number is Not Acceptable)
	MI BEACH FL 33140		83	
			84 City	FL 85 Zip Code
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. Thereby 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 bitle of applicable. (NOTE Registered Agent signature required when reinstating) DATE				
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1 1 TITLE	Change Addition
NAME	ROSENFELD, ALBERT		1.2 NAME	
STREET ADDRESS	4575 NAUTILUS CT.		; 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		14 CITY-ST-ZIP	
TITLE	VS	☐ DELETÉ	2 1 TITLE	☐ Change ☐ 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		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			3 2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELE1E	4 1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		<u> </u>	4.4 CITY-ST-ZIP	Change Addition
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP		FIDELETE	5.4 CITY+S1-ZIP 6.1 TITLE	Change Addition
TITLE		☐ DELETE	62 NAME	
NAME			6.3 STREET ADDRESS	
STREET ADDRESS			12	
CITY-ST-ZIP			6 4 CITY- ST- ZIP	

14. I hereby certify that the information supplied with this filling 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 attack mental and 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

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR