**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90109 039 \*\*\*150.00

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HUDENI	A NORMAN SR., INC.,			_	and the state of t	ALBO ANDRI BO	10 100 1111
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Principal Place	e of Business	Mailing Address			- I JERIORIA III DIREK IDARI DADI MILBYALDI BADIA BADIA	STATE CONTRACTOR	810 8FB(1 1001
% ROBERT A. I	NORMAN SR.	% ROBERT A. NORMAN SR.					
2100 NORTH POWERLINE RD.		2100 NORTH POWERLINE RD.			DO NOT WOITE IN THE SE	3405	
POMPANO BEA	CH FL 33069	POMPANO BEACH FL 33069			DO NOT WRITE IN THIS SE 3. Date Incorporated or Qualifed	ACE	
					03/18/1987		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21		26			59-2782698		Applicable
~ Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27				Fee Rec	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution  S5.00 May Be Added to Fees		
Zip	Country	Zip	Countr	······································	This corporation owes the current year Intang		71505
24	25	——————————————————————————————————————	10	•		Yes {	ÉNo
<u>•</u>	9, Name and Address of Current				10. Name and Address of New Registered Ag	ent	
	WAN DODEDT A CO		8	1 Name			
	MAN, ROBERT A. SR.		8:	2 Street Ad	dress (P.O. Box Number is Not Acceptable)		
2100 NORTH POWERLINE RD. POMPANO BEACH FL 33069							
FOIN	IFAINO BEACH FL 33009		8:	3			
	•		8-	4 City	FL	85 Zip C	ode
44 Pursuant	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the shor	ve-named co	maration submits this statement for the purpose of ch	anging its r	registered
11. Fursuant	to the provisions or dections dor book	and our . 1000, I londe Claretos	, inc abo		portation oddining the same		
office or r	egistered agent, or both, in the State of	f Florida. Such change was auti	norized by	y the corpora	ation's board of directors. I hereby accept the appointment	nent as reg	istered
office or r agent. I a	egistered agent, or both, in the State or im familiar with, and accept the obligati	f Florida. Such change was auti	norized by	y the corpora	ntion's board of directors. I hereby accept the appointment	nent as reg	istered
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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, with all other like empowered.

**SIGNATURE:**