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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M90286

1. Corporation Name

NORAMAR, INC.

, , , , , , , , , , , , , , , , , , , ,	·	
Principal Place of Business	Mailing Address	
630 UNIVERSITY DR.	10951 N.W. 3RD ST.	
CORAL SPRINGS FL 33071	CORAL SPRINGS FL 33071	
US .	US	

FILED Feb 01, 1999 8:00am **Secretary of State**

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	ce of Business	Mailing Address				-	B111 MAISM SIMAS IMIII	CONTRACTOR		II BIBII BIBII (BBI
630 UNIVERSI	TY DR.	10951 N.W. 3RD ST.								
CORAL SPRIN		CORAL SPRINGS FL 33071								
US	. ,	บร				[OO NOT WRITE	IN THIS	SPACE	
	· .					3. Date incorporate 07/20/1988	d or Qualifed			
2. Principal	Place of Business	2a. Mailing Address				4, FEI Number				Applied For
21		26				65-0070323				Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				5, Certifcate of Stat	us Desired	Π .	\$8.75	Additional
22		27				5, Certificate of Stat	us Desired		Fee F	Required
City & Sta	nte .	City & State				6. Election Campaig	n Financing		\$5.00	May Be
23		28				Trust Fund Contr	ibution			to Fees
Ziρ	Country	Zip	Count	try		8. This corporation	owes the currer	t year Inta	angible	
24	25		30			Personal Propert	y Tax.		⊟ Yes	□No
	9. Name and Address of Current	Registered Agent		I .		10. Name and Addr	ess of New Re	gistered /	Agent	
i WEI	LLS, BRENDA S.	•	8	B1 N	lame					
	51 N.W. 3RD ST.		8	32 S	Street Addre	ess (P.O. Box Number is	s Not Acceptabl	e)		
	· · · · · · · · · · · · · · · · · · ·	•				2 + 14 stm :	r . In the Property		#14 #1 Ste 84 54	-14:5 P. (5): 14:5
	RAL SPRINGS FL 33071		8	83				影響 :		
			8	34 (City			FL	85 Zip	Code
11. Pursuan	t to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abo	ove-na	amed corpo	oration submits this state	ement for the pu	rnoco of	changing it	s registered
i onice or	registered agent, or both, in the State of am familiar with, and accept the obligation	t Florida. Such change was aut	nonzea h	ov the	corporation	n's board of directors. I	hereby accept t	he appoir	tment as r	egistered
SIGNATURE										
12.	Signature, typed or printed name of registered agent of OFFICERS AND		egistered Ag	gent sig	nature required	when reinstating)		DATE		
			13.	-	1	ADDITIONS/CHAN	IGES TO OFFIC	ERS AN		
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r nereby 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: