


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90080 010 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000002706**

1. Corporation Name

**NORMANDY N. ELEVATOR GROUP, INC.**

Principal Place of Business

654 NORMANDY N  
 DELRAY BEACH FL 33484

Mailing Address

654 NORMANDY N  
 DELRAY BEACH FL 33484



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/09/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0756028	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

LEVINE, CURTIS G  
 ONE BOCA PLACE  
 2255 GLADES ROAD, SUITE 324-A  
 BOCA RATON FL 33431

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 617.0502 and 617.1508, 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 617.0503, 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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, SOL	1.2 NAME	
STREET ADDRESS	654 MPR,AMDU M	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33484	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP MICHAELSON, FRED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMAN, CLAIRE	2.2 NAME	657 NORMANDY N
STREET ADDRESS	672 NORMANDY N	2.3 STREET ADDRESS	DELRAY BEACH FLA 33484
CITY-ST-ZIP	DELRAY BEACH FL 33484	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAM, MILDRED	3.2 NAME	
STREET ADDRESS	662 NORMANDY N	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33484	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TRAYMOND J. WHITE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRIMBAN, ANN	4.2 NAME	667 NORMANDY N
STREET ADDRESS	668 NORMANDY N	4.3 STREET ADDRESS	DELRAY BEACH FLA 33484
CITY-ST-ZIP	DELRAY BEACH FL 33484	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D STRIMBAN, ANN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAELSON, FRED	5.2 NAME	668 NORMANDY N
STREET ADDRESS	657 NORMANDY N	5.3 STREET ADDRESS	DELRAY BEACH FLA 33484
CITY-ST-ZIP	DELRAY BEACH FL 33484	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIGLE, ARTHUR	6.2 NAME	
STREET ADDRESS	670 NORMANDY N	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33484	6.4 CITY-ST-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 617, 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:

SIGNATURE REQUIRED

*Raymond J. White* 4/3/99 561-499-9584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (01/98)