

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000024498 (6)

1. Corporation Name

NORMA PROPERTIES, INC.



Principal Place of Business

20047 WATERS EDGE DRIVE
BOCA RATON FL 33434

Mailing Address

20047 WATERS EDGE DRIVE
BOCA RATON FL 33434

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

KUGLER, NORMA
20047 WATERS EDGE DR
BOCA RATON FL 33434

3. Date Incorporated or Qualified

04/01/1993

3a. Date of Last Report

02/03/1995

4. FEE Number

65-0398622

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes.

☐ Yes

☐ No

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 607.0502 and 607.1503, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Secretary of the Corporation

Signature of Registered Agent or Secretary of the Corporation

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE	12.2 NAME	12.3 STREET ADDRESS	12.4 CITY-STATE-ZIP	12.5 DELETE
12.1 TITLE	D KUGLER, NORMA	20047 WATERS EDGE DR	BOCA RATON FL	☐ DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	13.2 NAME	13.3 STREET ADDRESS	13.4 CITY-STATE-ZIP	13.5 DELETE	13.6 CHANGE	13.7 ADDITION
13.1 TITLE				☐ DELETE	☐ Change	☐ Addition
13.1 TITLE				☐ DELETE	☐ Change	☐ Addition
13.1 TITLE				☐ DELETE	☐ Change	☐ Addition
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13.1 TITLE				☐ DELETE	☐ Change	☐ Addition

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 199.07(3)(k), Florida Statutes. I further certify that the information included 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 of this report, or on an affidavit with an address.

SIGNATURE: *Norma Kugler* NORMA KUGLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 (407) 483-9491
DATE

CR2E034 (12/95)