2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000024498

1. Entity Name
NORMA PROPERTIES, INC.

FILED
Feb 23, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
C/O NORMA KUGLER 20047 WATERS EDGE DR BOCA RATON, FL 33434	C/O WASHINGTON BRIDGE PL ASSOC P.O. BOX 1719 ENGLEWOOD CLIFFS, NJ 07632

DO NOT WRITE IN THIS SPACE

02122004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0398622	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KUGLER, NORMA
20047 WATERS EDGE DR
BOCA RATON, FL 33434

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____   2-17-04

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000060776 02/23/04-80053-012 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	KUGLER, NORMA
STREET ADDRESS	20047 WATERS EDGE DR
CITY-ST-ZIP	BOCA RATON, FL

TITLE	
NAME	
STREET ADDRESS	
ST-ZIP	

ADDRESS	
J-ZIP	

NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   2-17-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #