## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P93000033700

1. Entity Name
NORMAN MARCUS, P.A.



FILED
Apr 24, 2006 08:00 AM
Secretary of State

Principal Place of Business

8181 WEST BROWARD BLVD.

STE. 201 PLANTATION, FL 33324 Mailing Address

8181 WEST BROWARD BLVD.

STE, 201

PLANTATION, FL 33324



01112006

No Chg-P

CR2E034 (11/05)

4. FEI Number | 65-0416338

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARCUS, NORMAN 8181 WEST BROWARD BLVD. STE. 201 PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

| STE. 201<br>PLANTATION, FL 33324  |   | IN THIS SPACE                                 |  |                    |
|---|---|---|--|--------------------|
| The above named entity submits this statement for the p the obligations of registered agent.  SIGNATURE.  | }<br>ourpose of changing its registered                 | office or registered agent, or both, in the S | itate of Florida. I am familia         | r with, and accept |
| Signature, typed or printed name of registered agent and title  | t signature required when reinstating) DATE             |   |  |                    |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00   | Election Campaign Financis     Trust Fund Contribution. | ng  | 0000525528<br>/05-80037 <b>-0</b> 22 1 | 50.00              |
| 10. OFFICERS AND DIRECT MARCUS, NORMAN STREET ADDRESS CITY-SI-ZIP PLANTATION, FL 33324  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP | CTORS   | ···   | <br>:                                  |                    |
| CRY-ST-ZIP THEE NAME STREET ADDRESS CRY-ST-ZIP THEE   |   |   | T WRITE<br>S SPACE                     |                    |
| NAME<br>STREET ADDRESS<br>CITY-SI-ZIP   |   | ·*·   |  |                    |
| TITLE NAME  |   |   |  |                    |

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 attachinely with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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