

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000047939 (2)**

1. Corporation Name  
**NORIC, INC.**



Principal Place of Business: **2620 AUSTRALIAN AVE N SUITE 106 WEST PALM BEACH FL 33407**  
Mailing Address: **2620 AUSTRALIAN AVE N SUITE 106 WEST PALM BEACH FL 33407**

3. Date Incorporated or Qualified: **07/02/1993**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0428086**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **411 So. County Road**  
21. Suite, Apt. #, etc.: **Suite No. 200**  
22. City & State: **Palm Beach, FL**  
23. Zip: **33480** Country: **USA**  
24. Mailing Address: **215 S.W. LeJeune Rd.**  
26. Suite, Apt. #, etc.:  
27. City & State: **Miami, FL**  
28. Zip: **33134** Country: **USA**  
29. 30.

9. Name and Address of Current Registered Agent  
**OLSON, RICHARD**  
**2620 AUSTRALIAN AVE N SUITE 106 WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent  
81. Name: **Mary Ann Y. David**  
82. Street Address (P.O. Box Number is Not Acceptable): **215 S.W. LeJeune Road**  
83.  
84. City: **Miami** FL 85. Zip Code: **33134**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: *Maryann Y. David* *Mary Ann Y. David* **4/29/96**  
DATE

12. OFFICERS AND DIRECTORS

|                 |   |                                 |
|-----------------|---|---------------------------------|
| TITLE           | <b>D</b>  | <input type="checkbox"/> DELETE |
| NAME            | <b>OLSON, RICHARD</b>   |                                 |
| STREET ADDRESS  | <b>2620 AUSTRALIAN AVE N SUITE 106 WEST PALM BEACH FL 33407</b> |                                 |
| CITY - ST - ZIP |   |                                 |
| TITLE           | <b>D</b>  | <input type="checkbox"/> DELETE |
| NAME            | <b>ROSEN, NORMAN</b>  |                                 |
| STREET ADDRESS  | <b>2620 AUSTRALIAN AVE N SUITE 106 WEST PALM BEACH FL 33407</b> |                                 |
| CITY - ST - ZIP |   |                                 |
| TITLE           |   | <input type="checkbox"/> DELETE |
| NAME            |   |                                 |
| STREET ADDRESS  |   |                                 |
| CITY - ST - ZIP |   |                                 |
| TITLE           |   | <input type="checkbox"/> DELETE |
| NAME            |   |                                 |
| STREET ADDRESS  |   |                                 |
| CITY - ST - ZIP |   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

|                     |                              |  |
|---------------------|------------------------------|--|
| 1.1 TITLE           | <b>D/P</b>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                              |  |
| 1.3 STREET ADDRESS  | <b>411 So. County Road</b>   |  |
| 1.4 CITY - ST - ZIP | <b>Palm Beach, FL 33480</b>  |  |
| 2.1 TITLE           | <b>D/S/T</b>                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                              |  |
| 2.3 STREET ADDRESS  | <b>215 S.W. LeJeune Road</b> |  |
| 2.4 CITY - ST - ZIP | <b>Miami, FL 33134</b>       |  |
| 3.1 TITLE           |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                              |  |
| 3.3 STREET ADDRESS  |                              |  |
| 3.4 CITY - ST - ZIP |                              |  |
| 4.1 TITLE           | <b>800001818058</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            | <b>-05/13/96--01025--023</b> |  |
| 4.3 STREET ADDRESS  | <b>***200.00</b>             |  |
| 4.4 CITY - ST - ZIP |                              |  |
| 5.1 TITLE           |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                              |  |
| 5.3 STREET ADDRESS  |                              |  |
| 5.4 CITY - ST - ZIP |                              |  |
| 6.1 TITLE           |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                              |  |
| 6.3 STREET ADDRESS  |                              |  |
| 6.4 CITY - ST - ZIP |                              |  |

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 119.07(3)(k), 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.

SIGNATURE: *[Signature]* **4/16/96** **(305) 446-5663**  
DATE: DATE PRINTED

CR2E034 (12/95)