

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90107 002 \*\*\*150.00

**DOCUMENT # P93000047939**

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

Principal Place of Business

411 SO. COUNTY ROAD  
SUITE NO. 200  
PALM BEACH FL 33480

Mailing Address

215 S.W. LEJEUNE RD.  
MIAMI FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/02/1993**

4. FEI Number

**65-0428086**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21 2333 Brickell Avenue**

Suite, Apt. #, etc.

**22 Suite D-1**

City & State

**23 Miami, Florida**

Zip Country

**24 33129 25 USA**

2a. Mailing Address

**26 2333 Brickell Avenue**

Suite, Apt. #, etc.

**27 Suite D-1**

City & State

**28 Miami, Florida**

Zip Country

**29 33129 30 USA**

9. Name and Address of Current Registered Agent

**DAVID, MARYANN Y**  
**215 SW.W. LEJEUNE ROAD**  
**MIAMI FL 33134**

10. Name and Address of New Registered Agent

81 Name

**David, Maryann Y.**

82 Street Address (P.O. Box Number is Not Acceptable)

**2333 Brickell Avenue**

83 Suite D-1

84 City

**Miami, Florida**

**FL**

85 Zip Code  
**33129**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE **DP** ☐ DELETE

NAME **OLSON, RICHARD**

STREET ADDRESS **411 SO. COUNTY ROAD**

CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **DST** ☐ DELETE

NAME **ROSEN, NORMAN**

STREET ADDRESS **215 S.W. LEJEUNE ROAD**

CITY-ST-ZIP **MIAMI FL 33134**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☐ Change ☐ Addition

1.2 NAME **Olson, Richard**

1.3 STREET ADDRESS **2333 Brickell Avenue Suite D-1**

1.4 CITY-ST-ZIP **Miami, Florida 33129 USA**

2.1 TITLE **DST** ☐ Change ☐ Addition

2.2 NAME **Rosen, Norman**

2.3 STREET ADDRESS **2333 Brickell Avenue Suite D-1**

2.4 CITY-ST-ZIP **Miami, Florida 33129 USA**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 reports 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

Norman S. Rosen

4-13-99

305-859-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)