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

Mailing Address

4905 34TH ST., S

ST. PETERSBURG FL 33711-4511

SUITE 🕮

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:

SUITE 494 ST. PETERSBURG FL 33711

4905 34TH ST., \$



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 22 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000050729 (1)

NORLIN FINANCE & MORTGAGE CORPORATION

US	US		3. Date Incorporated or Qualified 3a. Date of Last Report	
			07/15/1993 04/25/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For	
21	26	· · · · · · · · · · · · · · · · · · ·	59-3192333 Not Applicable	
Suite, Apt #. etc 22	Suite, Apt. #, etc.		5. Certificate of Status Desired Sa.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing \$5.00 May Be	
23	28		Trust Fund Contribution Added to Fees	
Zip Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,	
24 25	29	30	Florida Statutes Yes No	
9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Registered Agent	
LINTON, NORNAM J	•	81 Name		
4905 34TH STREET, S. 11 5 6 0 3 ST. PETERSBURG FL 33711		82 Street Addre	82 Street Address (P.O. Box Number is Not Acceptable)	
		00	00	
		83		
		84 City	85 Zip Code	
			FL 10 25 COURT	
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, typicition per ten name of orgistured agent 12. OFFICERS AND		E: Registered Agent signaturé required 13.	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
THE D	DELETE	11 TITLE	Change Addition	
NAME LINTON, NORMAN		1.2 NAME		
STREEL ALIGHESS 4905 34TH STREET, S.,	(100	1.3 STREET ADDRESS		
CITY-ST-ZIF ST. PETERSBURG FL	3000	1.4 CiTy - ST - ZiP		
TILLE	DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	_	2.2 NAME		
STEEFT ADDRESS		2.3 STREET ADDRESS		
CHY-SI-ZIF		2. 4 CITY-ST-ZIP		
Ting	DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME		3.2 NAME		
STHEET ADDRESS		3.3 STREET ADDRESS		
C(1Y+S'-7/P)		3.4. CITY-ST-ZIP		
MILE	DELETE	4.1 TITLE	Change Addition	
NAME.		4. 2 NAME	 	
SIBEET ADDRESS		4.3 STREET ADDRESS		
City St-ZiP		4.4 CITY-ST-ZIP		
TIME	☐ DELETE	5.1 TITLE	Change Addition	
NAME		5.2 NAME		
STREET ADORESS		5.3 STREET ADDRESS		
Crty-S)-7iP		5.4 CITY-ST-ZIP		
THE	DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME		6.2 NAME	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS		6.3 STREET ADDRESS		
CHY-S1-ZIE		6.4 CITY-ST-ZIP		
14. I do hereby certify that the information supplied	with this filing does not quali	ify 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 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.				