

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 # P93000060420 (5)

1. Corporation Name  
NORCOT INC.



Principal Place of Business  
1632 SW BASCOM AVENUE  
PORT ST. LUCIE FL 34953

Mailing Address  
1632 SW BASCOM AVENUE  
PORT ST. LUCIE FL 34953

3. Date Incorporated or Qualified  
08/26/1993

3a. Date of Last Report  
08/10/1995

4. FEI Number  
65-0430629

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 has liability for intangible tax under s. 190.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

30

9. Name and Address of Current Registered Agent

BRUHN, NORMAN  
4710 NE 8TH TERRACE  
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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 the applicable

NOTE: Registered Agents must be registered with the State

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME            | STREET ADDRESS        | CITY - ST - ZIP         | DELETE                   |
|-------|-----------------|-----------------------|-------------------------|--------------------------|
| D     | BRUHN, NORMAN J | 4710 NE 8TH TERRACE   | FT. LAUDERDALE FL 33334 | <input type="checkbox"/> |
| D     | BRUHN, SCOTT    | 1632 SW BASCOM AVENUE | PORT ST. LUCIE FL 34953 | <input type="checkbox"/> |
|       |                 |                       |                         | <input type="checkbox"/> |
|       |                 |                       |                         | <input type="checkbox"/> |
|       |                 |                       |                         | <input type="checkbox"/> |
|       |                 |                       |                         | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY - ST - ZIP | Change                   | Addition                 |
|----------|---------|-------------------|--------------------|--------------------------|--------------------------|
| 21 TITLE | 22 NAME | 23 STREET ADDRESS | 24 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 TITLE | 32 NAME | 33 STREET ADDRESS | 34 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 41 TITLE | 42 NAME | 43 STREET ADDRESS | 44 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 51 TITLE | 52 NAME | 53 STREET ADDRESS | 54 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 61 TITLE | 62 NAME | 63 STREET ADDRESS | 64 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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:

Andrew S Bruhn (10)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-89-96  
Date

407-871-1789  
Daytime Phone #

CR2E034 (12/95)