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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000077068

Corporation Name

NORM A	IND DEE CORPORATION							
Principal Place	of Business	Mailing Address				-	DOM IODII ODIIO I	
· · · · · · · · · · · · · · · · · · ·						•		
PO BOX 41-4213 PO BOX 41-4213 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141								
US US						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
						11/05/1993		}
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	App	lied For
21 26						65-0453656	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 A	ditional
27						5. Centroate of Status Desired	Fee Rec	uired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	
Zip	Country	Zip	Coun	try		8. This corporation owes the current year Int.	angible 🔪	/
24	25	29	30			Personal Property Tax.	☐ Yes	□No
I	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New Registered	Agent	7
			8	B1	Name		•	\
	K, RONALD		-	B2	Stroot Addre	ess (P.O. Box Number is Not Acceptable)		
1141 71 ST			,	"	Sileel Addie	iss (F.O. Box Hulliber is Not Accoptance)	•	
MIAN	WI BCH FL 33141		1	83			~	
							· 	
				84	City	FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508. Florida Statute	s, the abo	ove-	-named corpo	oration submits this statement for the purpose of	changing its r	egistered
office or n	egistered agent, or both, in the Stam familiar with, and accept the obl	ite of Florida. Such change was at	ithorized l	by ti	he corporation	n's board of directors. I hereby accept the appoin	ntment as reg	stered
agent. i a	m tamiliar with, and accept the obt	igations of, Section 607.0505, Fior	ioa Statut	.e s.				
SIGNATURE	Signature, typed or printed name of registered	agent and title if egolicable (NOTE:	Registered A	nent	signature required	when reinstating) DATE		— ·]
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	D	☐ DELETE	1.1 TITL	E			☐ Change	☐ Addition
NAME	VOLK, RONALD M		12 NAM	Æ				
STREET ADDRESS	1141 71ST STREET		13 STR	EET A	ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33141		1.4 CITY					
TITLE	minum obtaine out it	☐ DELETE	2.1 TITL				☐ Change	Addition
NAME			2.2 NAM					Į
					ADORESS	•		ł
STREET ADDRESS				EEIA	}	-	•	3
CITY-ST-ZIP								
TIME		DELETE	2.4 CIT				☐ Change	Addition
NAME		☐ DELETÉ	3.1 TITL	Ë	· ZIF	<u> </u>	Change	Addition
STREET ADDRESS		☐ DELETÉ	3.1 TITL 3.2 NAM	E ME		. ئ	Change	Addition
CITY-ST-ZIP		DELETÉ	3.1 TITL 3.2 NAM 3.3 STR	E ME BEET A	ADDRESS	<u> </u>	Change	Addition
			3.1 TITL 3.2 NAN 3.3 STR 3.4. CIT	E EET A Y-ST	ADDRESS	_* -		
TITLE		☐ DELETÉ	3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITL	E ME EET A Y-ST	ADDRESS	_* .	☐ Change	Addition
			3.1 TITL 3.2 NAN 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAM	E EET A Y-ST E	ADDRESS - ZIP			
TITLE		_	3.1 TITL 3.2 NAN 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAM	E EET A Y-ST E	ADDRESS			
TITLE NAME		☐ DELETE	3.1 TITL 3.2 NAN 3.3 STR 4.1 TITL 4.2 NAN 4.3 STR 4.4 CITY	EET AY-ST-	ADDRESS - ZIP ADDRESS	•	☐ Change	☐ Addition
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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 of suppliemental 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 of muster empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with an other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP