FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

DOCUMENT # P93000087852 (8)

1. Corporate Name
NORDMENN ENTERPRISES, INC.

Principal Place of Business
944 JADE COURT
FORT LAUDERDALE FL 33326

Mailing Address
944 JADE COURT
FORT LAUDERDALE FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: 01/03/1994
3a. Date of Last Report:

2. Principal Place of Business
21
22 State Apt # etc
23 City & State
24 Zip 25 County

2a. Mailing Address
26
27 State Apt # etc
28 City & State
29 Zip 30 County

4. FEI Number: 65-0457087
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. The corporation is liable for franchise tax under S. 199.032, Florida Statutes. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
THE LAW FIRM OF LAWRENCE J. SPIEGEL CHRTRD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above named corporation submits the 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:

12. OFFICERS AND DIRECTORS:
TITLE P
NAME KLINGER, THOR
STREET ADDRESS 944 JADE COURT
CITY, ST, ZIP FORT LAUDERDALE FL 36332-6

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1994
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report, voluntarily furnished and does not apply for the exemption stated in Section 119.07, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that to the best of my knowledge, information and belief, the same is in compliance with Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: Ben Thor Klinger Ben Thor Klinger 5/1/95 305-372-6955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0234476 CP