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

95 APR 20 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000002555 (8)**

1. Corporation Name

NORAPT, INC.

Principal Place of Business	Mailing Address
6365 NW 6 WAY, SUITE 160 T.O.M. CYPRESS PLAZA FT LAUDERDALE FL 33309	6365 NW 6 WAY, SUITE 160 T.O.M. CYPRESS PLAZA FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1994

3a. Date of Last Report:

2. Principal Place of Business
21: 441 South Federal Hwy
22: Suite, Apt. #, etc.
23: City & State: Deerfield Beach, FL
24: Zip: 33441
25: County: U.S.A.

2a. Mailing Address
26: 441 South Federal Hwy
27: Suite, Apt. #, etc.
28: City & State: Deerfield Beach FL
29: Zip: 33441
30: County: U.S.A.

4. FEI Number: 65-0484298 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16TH STREET
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name: Suhandron Kenneth
82 Street Address (P.O. Box Number is Not Acceptable): 441 South Federal Hwy
83:
84 City: Deerfield Beach FL 85 Zip Code: 33441

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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] DATE: March, 23, 1995

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	SEBESTYEN, PETER	12 NAME	P. Sebestyen, Peter
STREET ADDRESS	6365 NW 6 WAY, SUITE 160	13 STREET ADDRESS	441 South Federal Hwy
CITY-ST-ZIP	FT LAUDERDALE FL 33309	14 CITY-ST-ZIP	Deerfield Beach 33441
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	SUHANDRON, KENNETH J	22 NAME	VP Kenneth Suhandron
STREET ADDRESS	6365 NW 6 WAY, SUITE 160	23 STREET ADDRESS	441 South Federal Hwy
CITY-ST-ZIP	FT LAUDERDALE FL 33309	24 CITY-ST-ZIP	Deerfield Beach FL 33441
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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.

428-9801

SIGNATURE: [signature] VP March, 23, 1995 305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0317667 CP