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Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90177 004 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000002555

1. Corporation Name  
NORAPT, INC.



Principal Place of Business  
~~441 SOUTH FEDERAL HWY~~  
~~DEERFIELD BEACH FL 33441~~  
US

Mailing Address  
2000 BANKS ROAD #222  
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1994

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21. 2000 Banks Rd

Suite, Apt. #, etc.

22. #222

23. City & State

Margate FL

Zip

33063

Country

US

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. US

9. Name and Address of Current Registered Agent

SUHANDRON, KENNETH

~~441 SOUTH FEDERAL HWY~~  
~~DEERFIELD BEACH FL 33441~~

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

2000 Banks Road

83. Suite 222

84. City

Margate

FL

85. Zip Code

33063

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

*Kenneth Suhandron*  
Signature, typed or printed name of registered agent and title if applicable.

*Kenneth Suhandron*  
(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/99

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME SUHANDRON, KENNETH

STREET ADDRESS ~~441 SOUTH FEDERAL HWY~~

CITY-ST-ZIP ~~DEERFIELD BEACH FL~~

TITLE P ☐ DELETE

NAME SEBESTYEN, MARITA

STREET ADDRESS ~~441 S FEDERAL HWY~~

CITY-ST-ZIP ~~DEERFIELD BEACH FL~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

*Kenneth Suhandron* KENNETH SUHANDRON

DATE

3/11/99

DAYTIME PHONE #

954-956-0066

CR2E034 (11/98)