FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P9400006114 (0)

NOR-BEL, INC.

Principal Place of Busi	ness
155 AVENUE "L" DELRAY BEACH FL 334	IA3

Sulte, Apt. #, etc.

SIGNATURE:

Principal Place of Business

Mailing Address

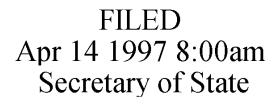
155 AVENUE "L"

2a. Mailing Address

Suite, Apt. #, etc.

26

DELRAY BEACH FL 33483-4652





3. Date Incorporated or Qualified

01/13/1994

65-0466159

5. Certificate of Status Desired

4. FEI Number

3a. Date of Last Report

Applied For

\$8.75 Additional

Not Applicable

03/14/1996

561-392-4480

22		27					F 66 K6	quireo	
City & State		├ ~~ '	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	28		Country		Trust Fund Contribution			
	├─ ┐ ′	Zip		·		8. This corporation has liability for intangil		. 199.032,	
4	25 29 30 9. Name and Address of Current Registered Agent				·	Florida Statutes Yes 10. Name and Address of New Registers	∐ No		
					Name	10. Haille Blid Address of New Registere	u Again		
	LESCSKO, BECA			81	INALLIC				
641 NE 29TH PLACE BOCA RATON FL 33431				82 Street Address (P.O. Box Number is Not Acceptable)					
				63					
				83					
				84	City		. 85 Zip C	Code	
					,	F			
office or r	to the provisions of Sections 607.050. egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such o	change was auth	norized by	the corporat	oration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its ppointment as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if englicable	(NOTE R	cointered Acc	ord eigneture conti	red when reinstating) DATE			
12.	OFFICERS AND		Mexic 14	13.	an signatore requi	ADDITIONS/CHANGES TO OFFICERS A		S IN 12	
TITLE	DP		DELETE	1.1 TITLE			Change	Addition	
NAME	HOLECSKO, BELA	_		1.2 NAME					
STREET ADDRESS	641 NE 29TH PLACE			1.3 STREET	Annerss				
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY - S					
TITLE	DST		DELETE	2.1 TITLE	1- 511.		Change	Addition	
NAME	HOLECSKO, NORMA E	L.	Journe	2.2 NAME	1		CT countings		
	641 NE 29TH PLACE				1000000				
STREET ADDRESS	BOCA RATON FL			2.3 STREET					
CITY-ST-ZIP	BUCA RATUN FL		DELETE	2.4 C(1Y-	ST-ZIP		Chara	I Address	
TITLE		L	ש מנונונ	3.1 TITLE			Change	Addition	
NAME				3.2 NAME	ł				
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-ZIP				3.4. CITY - S	61 - ZIP		··· · -		
TITLE		L] DELETE	4.1 TITLE	-		Change	Addition	
NAMÉ				4.2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 City - S	T-ZIP				
TITLE			DELETE	5.1 TITLE			Change	Addition	
NAME				5.2 NAME	1				
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP	-			5.4 CITY-S	T-ZIP				
TITLE			DELETE	61 TITLE			☐ Change	Addition	
NAME				6.2 NAME			-		
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY-S					
14. I do heret	by certify that the information supplied	with this filing do	es not qualify fo	or the exe	mplion stated	in Section 119.07(3)(i), Florida Statutes. I furt	ner certify that f	the	
Informatio	n indicated on this annual report or s	upplementai annu	ial report is true.	and accu	irate and that	my signature shall have the same legal effect t as required by Chapter 607, Florida Statutes	as if made und	ter oath: that i	