

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

FILED

**Feb 04 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000006114 (0)
1. Corporation Name
NOR-BEL, INC.



Principal Place of Business: 155 AVENUE "L" DELRAY BEACH FL 33483
Mailing Address: 155 AVENUE "L" DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 01/13/1994
4. FEI Number: 65-0466159 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No No

9. Name and Address of Current Registered Agent
**HOLECSKO, BECA
641 NE 29TH PLACE
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent *per 22 a.com as we get from acct.*
B1 Name: **HOLECSKO BELA**
B2 Street Address (P.O. Box Number is Not Acceptable): **387 KNOB HILL BLVD.**
B3
B4 City: **BOCA RATON** FL B5 Zip Code: **33431-4645**

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 607.0605, Florida Statutes.

SIGNATURE: Norma E. Holecsko DST DATE: 1-26-98
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP
NAME	HOLECSKO, BELA	12 NAME	HOLECSKO, BELA
STREET ADDRESS	641 NE 29TH PLACE	13 STREET ADDRESS	387 KNOB HILL BLVD
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	BOCA RATON, FLORIDA 33431-4645
TITLE	DST	21 TITLE	DST
NAME	HOLECSKO, NORMA E	22 NAME	HOLECSKO, NORMA E.
STREET ADDRESS	641 NE 29TH PLACE	23 STREET ADDRESS	387 KNOB HILL BLVD
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	BOCA RATON, FLORIDA 33431-4645
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

SIGNATURE: Norma E. Holecsko DST DATE: 1-26-98

CR2E034 (10/97)