FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000018131 (0)**

1. Corporation Name

NOR-GROUP ENTERPRISES INC.

Principal Place of Business	Mailing Address
1353 AUTUMN RD SPRING HILL FL 34606	PO BOX 5156 SPRING HILL FL 34606 US

3. Date Incorporated or Qualified: 03/02/1994	3a. Date of Last Report: 02/10/1995
4. FEI Number: 59-3261942	☐ 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	

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

9. Name and Address of Current Registered Agent

DABROWSKI, ALICIA
1353 AUTUMN RD
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
1 NAME	DABROWSKI, ALICIA		1.2 NAME		
1 STREET ADDRESS	1353 AUTUMN RD		1.3 STREET ADDRESS		
1 CITY-ST-ZIP	SPRING HILL FL 34606		1.4 CITY-ST-ZIP		
2 TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
2 NAME	DABROWSKI, JAMES M.		2.2 NAME		
2 STREET ADDRESS	1353 AUTUMN ROAD		2.3 STREET ADDRESS		
2 CITY-ST-ZIP	SPRING HILL FL		2.4 CITY-ST-ZIP		
3 TITLE	P	☐ DELETE	3.1 TITLE	UNL	☒ Change ☐ Addition
3 NAME	ULI, ALAN A.		3.2 NAME	Alan A.	Correction
3 STREET ADDRESS	PO BOX 5156		3.3 STREET ADDRESS		
3 CITY-ST-ZIP	SPRING HILL FL		3.4 CITY-ST-ZIP		
4 TITLE	TS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
4 NAME	DABROWSKI, ALICIA M.		4.2 NAME		
4 STREET ADDRESS	1353 AUTUMN ROAD		4.3 STREET ADDRESS		
4 CITY-ST-ZIP	SPRING HILL FL		4.4 CITY-ST-ZIP		
5 TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
5 NAME			5.2 NAME		
5 STREET ADDRESS			5.3 STREET ADDRESS		
5 CITY-ST-ZIP			5.4 CITY-ST-ZIP		
6 TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
6 NAME			6.2 NAME		
6 STREET ADDRESS			6.3 STREET ADDRESS		
6 CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I 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 attached sheet with an address.

SIGNATURE: Alicia M. Dabrowski 1-17-96 904-683-4102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Alicia M. Dabrowski Secretary Treasurer