

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000027491 (7)

1. Corporation Name:

NORSTAR COVE CORP.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/08/1994	3a. Date of Last Report N/A
4. FEI Number 63-0490170	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 § 193.002, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business		2a. Mailing Address	
3820 PERUGIA AVE SEBRING FL 33872		3820 PERUGIA AVE SEBRING FL 33872	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.		
22. City & State	27. City & State		
23. Zip	28. Zip		
24. Country	25. Country		
29. Country	30. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NORD, DOUGLAS 3820 PERUGIA AVE SEBRING FL 33872		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. 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 _____ (Signature of registered agent or registered agent's authorized representative) _____ (Signature of registered agent or registered agent's authorized representative)

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP
CITY, ST, ZIP	CITY, ST, ZIP	2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY, ST, ZIP
		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY, ST, ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY, ST, ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY, ST, ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 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(6)(b), Florida Statutes. I further certify that the information contained 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. I am an officer or director of the corporation or the receiver or trustee empowered to make 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: *Douglas Nord* Pres. 3-30-95 813-471-2991 813-385-8964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR