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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000027491 (7)

NORSTAR COVE CORP.

FILED Feb 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						45115 (1511 1651) 41419 (1	P191 (181 1981
3913 CATALINA DR 3913 CATALINA DR					İ		
Sebring fl.: Us	33872	SEBRING FL 33872 US			DO NOT WRITE IN THIS SPACE		
••		•			3. Date Incorporated or Qualified		
					04/08/1994		
Principal Place of Business 2a. Mailing Address			,	_	4. FEI Number	A	oplied For
			INade		65-0490170		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	*	Additional
22 27 City & State City & State			··		 		lequired
C /			Seburna 31		Election Campaign Financing Trust Fund Contribution		May Be I to Fees
23] <u>) (10</u>) Zip	Country		Zip Country		8. This corporation owes or has pe		
24 338	12 25 High bule	29 33872 30		aWands	Personal Property Tax due June		□ No
	g, Name and Address of Current			1111-111-1	10. Name and Address of New Re		
NORD, DOUGLAS 3807 CATALINA DR				Name			i
				82 Street Address (P.O. Box Number is Not Acceptable)			
SEBRING FL 33872			Differ Address (F.O. Dox Number is Not Acceptable)				
			83	3			
			84	City		85 Zip	Code
Diversal to the previous of Continue CO7 0502 and CO7 4500. Florida Statutes the at-				1	ration authority this statement for the	FL B 214	ita sagistasad
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, typed or printed name of registered agent and line if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	RS IN 12
TITLE	PS	DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	NORD, DOUGLAS 12 h		1.2 NAME];
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	SEBRING FL			ST-ZIP			
TITLE	VPT	☐ DELETE	2.1 TITLE			L. Change	L Addition
NAME	01011121011		2.2 NAME				
STREET ADDRESS	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		По	1 0 4 4/1/2
TITLE	•••		3.1 TITLE			Change	Addition
NAME	KROEGER, MELVIN R		3.2 NAME				
STREET ADDRESS	3907 CATALINA DR		• • • • • • • • • • • • • • • • • • • •	T ADDRESS			
CITY-ST-ZIP TITLE	SEBRING FL		3.4. CITY- 4.1 TITLE	S1-ZIP		Change	Addition
NAME			4.2 NAME			L Straitge	
STREET ADORESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-:				
TITLE			5.1 TITLE	31-211		Change	Addition
NAME			5.2 NAME			_ •	_
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY -	ŀ			
TITLE			6.1 TITLE			☐ Change	Addition
NAME		1	6.2 NAME	1			
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-1				
14. I hereby c	ertify that the information supplied wit				ection 119.07(3)(i), Florida Statutes. I	further certify that the	e 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.