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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000028446

1. Corporation Name

NORBERG SCHWARTZ AGENCY, INC.

Principal Place of Business Mailing A			ng Address	Address					EQUAL QUAL QUEAT	EEL (EISI DIEI)	ATANA USTE TABLE	
1230 TADSWORTH TERRACE			1230 TADSWORTH TERRACE				1					
HEATROW FL 32746			HEATHROW FL 32746					DO NOT WRITE IN THIS SPACE				
US		us	us				\ <u></u>	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
							I .		3u			
<u> </u>		1.20.14	Initing Address					94/14/1994 El Number		ΤIΔn	plied For	
	lace of Business	⊢	laiting Address				I	9-3235620		<u> </u>	ot Applicable	
Suite, Apt.	# ata	26	uite, Apt. #, etc.							\$8.75		
	#, etc.	27	alto, rept. 11, cto.				5. C	Certifcate of Status Desired		Fee Re		
City & State	8		ity & State			-	6 E	lection Campaign Financin	a -	\$5.00	May Se	
23		28	•				- 1	rust Fund Contribution	a 🗆	Added t		
Zip	Country	Zi	ip	Coun	try	·	8. T	his corporation owes the c	urrent year Inta	ingible		
24	25	29		30			P	ersonal Property Tax.		☐Yes	₩No	
	9. Name and Address of Currer	nt Register	red Agent				10. N	Name and Address of New	w Registered /	Agent		
				1	B1	Name					1	
	BERG, GUY P.			ļ.	B2	Street A	ddress (P.C	D. Box Number is Not Acce	ptable)			
	TADSWORTH TERRACE							didds (F.S. Box Hallist To Total Stephens)				
HEA.	THROW FL 32746			[3	В3							
				-	84	City				85 Zip (Code	
				ļ	ļ	•			<u>FL</u>			
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.	.1508, Florida Statut	es, the about	ove-	-named corpor	corporation s	submits this statement for t	he purpose of cept the appoir	changing its itment as re	registered i	
office or re	egistered agent, or both, in the State im familiar with, and accept the obliga	ations of, Se	ection 607.0505, Flo	rida Statut	es.	na corpor	idagii 3 boa.	to or on octors. I horoby as				
SIGNATURE							_					
SIGNATURE	Signature, typed or printed name of registered age			<u> </u>	gent		quired when rein		DATE	D DIRECTO	DE IN 12	
12.	OFFICERS AN		TORS	13.						D DIRECTO	DRS IN 12	
12. TITLE	OFFICERS AN			13.	£					D DIRECTO	DRS IN 12	
12. TITLE NAME	P NORBERG, GUY P		TORS	13. 1.1 TITL 1.2 NAM	E Æ					D DIRECTO	DRS IN 12 Addition WEW 100RFSS	
12. TITLE NAME STREET ADDRESS	P NORBERG, GUY P 1506 FARRINDON CIRCLE		TORS	13. 1.1 TITL 1.2 NAM 1.3 STR	E ME REET A					D DIRECTO	DRS IN 12 Addition WEW 100RFSS	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORBERG, GUY P		TORS DELETE	13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITY	E ME REET /					D DIRECTO Change	DRS IN 12 Addition WEW 100RFSS	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P NORBERG, GUY P 1506 FARRINDON CIRCLE		TORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL	E ME REET / (-ST-					D DIRECTO	DRS IN 12 Addition ADDRESS	
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6.4 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 frue 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 changes, or on an attachment with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR

FILED

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90076 045 ***150.00

SIGNATURE:

CITY-ST-ZIP