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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000043087 (3)

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| NORMANDY | INVESTMENT | COMPANY |

Principal Place of Business 113 W. ALEVANDED

Mailing Address



| | / FL 33566 | 2 NORTH TAMIAMI 1 SUITE 500 SARASOTA FL 34231 | | | Date Incorporated or Qualified 06/09/1994 | 3a. Date | of Last 5 /01/1 | |
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| 2. Principal PI | lace of Business | 2a. Mailing Address | | | 4. FEI Number | 1 | י קו טקי | ······································ |
| 21 | | 26 | | | 59-3254030 | | - | Applied For Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | | 75 Additional e Required |
| City & State | е | Orty & State | · - · · · · · · · · · · · · · · · | | Election Campaign Financing Trust Fund Contribution | | \$5. | 00 May Be led to Fees |
| Ζιρ 24 | Country 25 | Ζφ 29 | Gountry 30 | | 8. This corporation has liability for in Florida Statutes Yes | | | |
| | Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New R | egistered # | gent | |
| 2 NORT SUITE 5 | | | | treet Addres | ss (P.O. Box Number is Not Acceptab | le) | | |
| | OTA FL 34236 | | 84 Ci | • | on submits this statement for the pur | FI | 1 | Zip Code |
| SIGNATURE | th, and accept the obligations of Social Systems (special protest named the interest ago.) OFFICERS AN | | A.F. Ficquitered Agost Sep | idh na ray ana l e | | DATE | | |
| TITLE | PD OFFICERS AN | · · · · · · · · · · · · · · · · · · · | 13. | | ADDITIONS/CHANGES TO OFFI | CERS AND | DIRECT | |
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certify that the information indicated on this annual report or supplieriental 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 or changed, or on an attachment with an address.

GNATURE:

SIGNATURE AND Types OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRAPH PROFES

SIGNATURE: _