FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:35

DOCUMENT # **P94000051327 (2)**

1. Corporation Name
NORMAN BROTHERS AT DEERING BAY, INC.

Principal Place of Business	Mailing Address
7621 S.W. 87TH AVE. MIAMI FL 33173	7621 S.W. 87TH AVE. MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1994
3a. Date of Last Report:

2. Principal Place of Business 21: 13660 SW 60 Ave
2a. Mailing Address 26:
4. FEI Number: 65-0506304 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State 23: Miami FL
City & State 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24: 33158 Country 25:
Zip 29: Country 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DADY, ROBERT E
POPHAM HAIK SCHNOBRICH & KAUFMAN, LTD.
100 S.E. 2 ST., 4000 INTERNATIONAL PLACE
MIAMI FL 33131

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: _____ (Signature, name or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	NELSON, DAVID	12 NAME	
STREET ADDRESS	7621 S.W. 87 AVE	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33173	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SUGGS, SUANN B	22 NAME	
STREET ADDRESS	7621 S.W. 87 AVE	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33173	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GRAVES, KENNETH R	32 NAME	
STREET ADDRESS	7621 S.W. 87 AVE	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33173	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	NELSON, MARILYN J	42 NAME	
STREET ADDRESS	7621 S.W. 87 AVE	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33173	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GRAVES, NANCY S	52 NAME	
STREET ADDRESS	7621 S.W. 87 AVE	53 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33173	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We 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 added on an attachment with an address.

SIGNATURE: Suann B Suggs Suann B Suggs 1-9-95 305-274-9363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0107730 CP