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 #

P94000082711 (0)

FILED
Jan 26 1998 8:00am
Secretary of State

NOR!	AM, INC.	(-,			
Principal Plac	e of Business	Mailing Address		D EMBLIAND LIM LUCLE MANAN ANNIL MARIN GARAR BAI	EF COLUM 25013 200 ME 15001 1101 1701
9084 W MCNAB RD #151 8084 W MCNAB RD #1: N LAUDERDALE FL 33068 N LAUDERDALE FL 3306				DO NOT WRITE IN TH	S SPACE
				3. Date Incorporated or Qualified	
				11/10/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0533642	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	/Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Currer		<u> </u>	10. Name and Address of New Registere	d Agent
h	AAIO, FRED		81 Name		
8084 W MCNAB RD #151				(D. C. D.)	
N LAUDERDALE FL 33068			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	·
, s	N DAUDERDALE PL 33000		83		
			••		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607,050 registered agent, or both, in the State	12 and 607.1508, Florida Statutes Lof Florida. Such change was au	s, the above-named corp thorized by the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the a	or changing its registered
agent. I a	m familiar with, and accept the oblig-	ations of, Section 607.0505, Flor	ida Statutes.		
SIGNATURE					
	Signature, typed or printed name of registered age		Registered Agent signature requir		 /:
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DVT	☐ DELETE	1.1 TITLE		Change Addition
NAME	MAIO, FRED		1.2 NAME		
STREET ADDRESS	8084 W MCNAB RD #151		1.3 STREET ADDRESS		
City-St-Zip	N LAUDERDALE FL 33068		1.4 CITY-ST-ZIP		i
TITLE	DPS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition (
NAME	CAMERON, CHARLES		2.2 NAME		
STREET ADDRESS	8084 W MCNAB RD #151		2.3 STREET ADDRESS		•
CITY-ST-ZIP	N LAUDERDALE FL 33068		2.4 City-St-Zip		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
			3.4, CITY-ST-ZIP		
CITY-ST-ZIP					Change Addition
		I I DELETE			
NAME		☐ DETELE	4.1 TITLE		Onlings
		☐ DELETE	4. 2 NAME		Ontainge
STREET ADDRESS		□ DETELE	4. 2 NAME 4.3 STREET ADDRESS		
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STREET ADDRESS CITY-ST-ZIP		_	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME		
STREET ADDRESS CITY-ST-ZIP TITLE		_	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-SY-ZIP 5.1 TITLE		
STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME		Change Addition
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14. I hereby certify that the information supplied with this filling 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 on an attachment with an address.

CICNIATURE.

1-13-98 954-346-728