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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

THE NORRIS GROUP, INC.

1997 DOCUMENT # **P94000084027 (9)** 

## **FILED** Mar 21 1997 8:00am Secretary of State



Principal Pack of Business Mailing Address								
004 U.S. 41 N ALMETTO FL		8304 U.S. 41 N. Palmetto fl 34221-980	8904 U.S. 41 N. Palmetto fl 34221-9801					
					3. Date Incorporated or Qualified 11/10/1994 3a. Date of Last Report 05/01/1996			
Principal Place of Business		26. Mailing Address			4. FEI Number 65-0540300	· <del>1 </del>		Applied For Not Applicab
]   Suite, Apt 	#, 61.2	Suite Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional Required
. Ony & State	· · · · · · · · · · · · · · · · · · ·	City & State			Election Campaign Financing     Trust Fund Contribution			May Be
<sup>1</sup> Ζφι 	Country	Zip	Country		8. This corporation has liability for		tax under	
i	25] 9. Name and Address of Current	29  Registered Agent	30		Florida Statutes  10. Name and Address of New Re		<b>-</b>	<del></del>
NOR	RIS, ERNEST		81	Name	ID, realite and reality of them (to	giotolog A	gon	
9304	U.S. 41 N. METTO FL 34221		82	Streel Add	dress (P.O. Box Number is Not Acceptab	ole)		
			83					**************************************
			84	City			85 Zıç	Code
				ļ	rporation submits this statement for the p	FL	<u> </u>	
IGNATURE	DELICE RS AND		OTE. Fit gistered Ag.	ent signature requ	ured when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE	DIDECTO	
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v 51 76°	PALMETTO FL 34221		1.4 C4TY-5					
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4	NORRIS, ERNEST P		22 NAME					
ELATRIES.	9304 U.S. 41 N.		2.3 STREET	ADDRESS				
<u>St 7</u> 25	PALMETTO FL 34221		2. 4 CiTY-	ST-ZIP				
ł i	0	☐ DELETE	3.1 TITLE				Cnange	Add
†i	CORNWELL, MARTHA		3.2 NAME					
ELLA TORES	9304 U.S. 41 N.		3.3 STREET	ADDRESS				
\$1.72	PALMETTO FL 34221	Dona	3.4. CITY -	ST-ZIP				
F 1:		☐ DELETE	4.1 TITLE			ļ	L Change	□ Add
fi E-1 ADORESS			4. 2 NAME 4.3 STREET	ADDRESS				
r SEZ#			4.4 CITY - 5					
i si 4		DELETE	5.1 TITLE	611			Change	Add
M			5.2 NAME			·	,	-
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r 51 <i>20</i>			5.4 CITY - 5					
f I		☐ DECETE	6.1 TITLE				Change	Add
.4			6.2 NAME					
ELLADORESS			6.3 STREET	ADDRESS				
Y 51 ZH			6.4 CITY - S	T - ZIP	- H - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
	and the second of the second o		PA A. M		ALL OF RESIDENCE PROPERTY.			

I do horeby 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 information this armoid report or supplicmental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that have the carporation 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.