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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500000758 (9)

NORM GILSDORF & ASSOCIATES, INC.

Principal Place of Business 105 DEERPATH DRIVE OLDSMAR FL 34677			Mailing Address 105 DEERPATH DRIVE OLDSMAR FL 34677-2057							
							3. Date Incorporated or Qualified 01/04/1995		te of Last F 17/1996	teport
2. Principal Pl	ace of Business	h	Mailing Address				4. FEI Number	.k	A	oplied For
21		26	A 3. A 1 #				59-3292822			ot Applicable
Suite, Apt.	#, Otc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State)		City & State				6. Election Campaign Financing			May Be
23		28					Trust Fund Contribution			lo Fees
Ζιρ	Country		Zip	Cou	ntry	***************************************	8. This corporation has liability for in			. 199.032,
24	25	29		30) No	
	9. Name and Address of Curr	ent Hegiste	ered Agent		81	Name	10. Name and Address of New Rec	platered A	gent	
	DORF, NORM				01	INDITIES				
	DEERPATH DRIVE SMAR FL 34677		82 Street Ac			Street Addre	ess (P.O. Box Number is Not Acceptable	le)		
OLD	OMINITE OTO!!			ŀ	83	·····				
					84	City		FI.	85 Zip	Code
agent. La: SIGNATURE	m familiar with, and accept the ob	igations of,	Section 607.0505, F	lorida Stat	utes	i.	oration submits this statement for the pr on's board of directors. I hereby accep		changing i pintment as	ts registered registered
12.	Signature, typed or porten came of registered. OFFICERS A			13.	d Agen	nt signature require	d when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIRECTOR	RS IN 12
10LF	P	IND DIEC	DELETE	1,1 10	ILE		ADDITIONS/OFFAIGLES TO OFFTIS	LITO AIND	Change	Addition
NAME	GILSDORF, NORMAN G.									
STREET ADDRESS	105 DEERPATH DR.			1.2 NA	ME					
· I	INA DEFINITION DIV					ADDRESS				
CITY-ST-7/P	OLDSMAR FL			1.3 \$1						
CITY-ST-7/P TITLE	OLDSMAR FL VST		☐ DELETE	1.3 \$1	REET A			····	Change	Addition
	OLDSMAR FL VST GILSDORF, CLARA F.		☐ DELETE	1,3 ST 1,4 CF	REET A TY-ST TLE		······································		Change	Addition
TITLE NAME STREET ADDRESS	OLDSMAR FL VST GILSDORF, CLARA F. 105 DEERPATH DR.		☐ DELETE	1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST	TREET / TY-ST TLE AME TREET /	T-ZIP ADDRESS		1 6 69 1 - 34 - 54 - 54 - 54 - 54 - 54 - 54 - 54 - 	Change	Addition
TITLE NAME STREET ADDRESS CITY: ST-7:P	OLDSMAR FL VST GILSDORF, CLARA F.			1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI	REET / TY-ST TLE AME REET /	T-ZIP ADDRESS				·
TITLE NAME STHEET ADDRESS CITY- ST- 7/P TITLE	OLDSMAR FL VST GILSDORF, CLARA F. 105 DEERPATH DR.		☐ DELETE	1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII	TY-ST TLE TAME TREET A TLE	T-ZIP ADDRESS		. •.	Change	Addition Addition
TITLE NAME STHEET ADDRESS CITY: ST-ZIP TITLE NAME	OLDSMAR FL VST GILSDORF, CLARA F. 105 DEERPATH DR.			1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA	THE	ADDRESS				·
PITLE NAME STHEET AUDRESS CITY-ST-7:P FITLE NAME STREET AUDRESS	OLDSMAR FL VST GILSDORF, CLARA F. 105 DEERPATH DR.			1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST	TY-ST TLE AME TREET A TLE AME TREET A	ADDRESS ST-ZIP ADDRESS				·
PITLE NAME STHEET ADDRESS CITY-ST-7:P FITLE NAME STREET ADDRESS CITY-ST-7:P	OLDSMAR FL VST GILSDORF, CLARA F. 105 DEERPATH DR.			1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI	TREET / TY-ST TLE TREET / TTY-ST TLE TREET / TTY-ST TLE TREET / TTY-ST	ADDRESS ST-ZIP ADDRESS		, •,	Change	·
PITLE NAME STHEET AUDRESS CITY-ST-7:P FITLE NAME STREET AUDRESS	OLDSMAR FL VST GILSDORF, CLARA F. 105 DEERPATH DR.		☐ DELETE	1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII	TREET AT THE TREET	ADDRESS ST-ZIP ADDRESS		. • .		. Addition
TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE	OLDSMAR FL VST GILSDORF, CLARA F. 105 DEERPATH DR.		☐ DELETE	1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 N.	TY-ST TLE AME TREET / TLE AME AME	ADDRESS T-ZIP ADDRESS T-ZIP			Change	. Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OLDSMAR FL VST GILSDORF, CLARA F. 105 DEERPATH DR.		☐ DELETE	1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 4.1 TII 4.2 NA 4.3 ST	THE TY-ST TILE AME THE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS			Change	. Addition
THE NAME STREET ADDRESS CITY ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZP THE NAME	OLDSMAR FL VST GILSDORF, CLARA F. 105 DEERPATH DR.		☐ DELETE	1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 4.1 TII 4.2 NA 4.3 ST	REET / ITY-ST TLE AME REET / ITY-ST TLE AME REET / ITY-ST TLE AME TREET / ITY-ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS			Change	. Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP CITY ST-ZIP CITY ST-ZIP	OLDSMAR FL VST GILSDORF, CLARA F. 105 DEERPATH DR.		☐ DELEYE	1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 4.1 TII 4.2 NA 4.3 ST 4.4 CI	REET / ITY-ST TLE AME REET / ITY-ST TLE AME REET / ITY-ST TLE AME REET / ITY-ST TLE TLE TLE TLE TLE TLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS			☐ Change	Addition Addition
DITLE NAME STREET ADDRESS CITY-ST-ZIP BITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TELE	OLDSMAR FL VST GILSDORF, CLARA F. 105 DEERPATH DR.		☐ DELEYE	1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 No 4.3 ST 4.4 CI 5.1 TIII	REET / ITY-ST TILE AME AME AME AME AME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS			☐ Change	Addition Addition
DITLE NAME STHEET ADDRESS CITY-ST-ZIP BITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OLDSMAR FL VST GILSDORF, CLARA F. 105 DEERPATH DR.		☐ DELEYE	1.3 ST 1.4 CI 2.1 TIII 2.2 NA 2.3 ST 2.4 CI 3.1 TIII 3.2 NA 3.3 ST 3.4 CI 4.1 TIII 4.2 NA 4.3 ST 4.4 CI 5.1 TIII 5.2 NA 5.3 ST	REET / ITY-ST TILE AME AME AME AME AME	ADDRESS it-zip Address it-zip Address it-zip Address i-zip Address			☐ Change	Addition Addition
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6.4 CITY - ST - ZIP 14. I do 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 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 Brock 12 or Block 13 if changed or on an attachment with an address.

Feb. 25.1997 813-789-4815

FILED

Feb 28 1997 8:00am

Secretary of State