FILED

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9500000758

1. Corporation Name

NORM G	ILSDORF & ASSOCIATES,	INC.		
Principal Place	of Business	Mailing Address		-
105 DEERPATH DRIVE 105 DEERPATH DRIVE OLDSMAR FL 34677 OLDSMAR FL 34677				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For
21 26			59-3292822 Not Applicable \$8.75 Additional	
Suite, Apt. #, etc. Suite, Apt. #, etc 22		Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
City & State City & State		City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	28	Country	8. This corporation owes the current year Intangible
24	25		0	Personal Property Tax.
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
GILSDORF, NORM 105 DEERPATH DRIVE			81 Name	
			82 Street Addre	ess (P.O. Box Number is Not Acceptable)
OLDSMAR FL 34677			83	
			24 0	85 Zip Code
			84 City	FL '
office or n agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	horized by the corporatio	oration submits this statement for the purpose of changing its registered in a board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: F	tegistered Agent signature required	when reinstating) DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GILSDORF, NORMAN G.		. 1.2 NAME	}
STREET ADDRESS	105 DEERPATH DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	OLDSMAR FL VST -	☐ DELETE	1.4 CiTY+ST+ZIP 2.1 TITLE	Change
NAME	GILSDORF, CLARA F.		2.2 NAME	
STREET ADDRESS	105 DEERPATH DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL		2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		☐ OELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition
TITLE			4.1 IIILE 4. 2 NAME	Committee Commit
NAME STREET ADDRESS			4.3 STREET ADDRESS	•
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	,
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Change Addition
∤ππe i		□ DELETE	6.1 TITLE	☐ change ☐ Addition 1

CITY-ST-ZIP 14. I 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

□ DELETE

3-10-99