

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

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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000003177 (9)

1. Corporation Name:

NORWOOD FINANCIAL SERVICES, INC.



Principal Place of Business
20700 N.W. SECOND AVENUE
MIAMI FL 33169

Mailing Address
20700 N.W. SECOND AVENUE
MIAMI FL 33169-2102

3. Date Incorporated or Qualified 01/12/1995	3a. Date of Last Report 01/23/1996
4. FEI Number 65-0547221	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

OSTROVSKY, HELIO
934 S SOUTHLAKE DRIVE
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name OSTROVSKY, HELIO
82 Street Address (P.O. Box Number is Not Acceptable) 6032 LELAC ROAD
83
84 City BOCA RATON FL 85 Zip Code 33496

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, SAMUEL	1.2 NAME	
STREET ADDRESS	20700 N.W. SECOND AVENUE	1.3 STREET ADDRESS	6032 LELAC ROAD
CITY-ST-ZIP	MIAMI FL 33169	1.4 CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, CHANA	2.2 NAME	
STREET ADDRESS	20700 N.W. SECOND AVENUE	2.3 STREET ADDRESS	6032 LELAC ROAD
CITY-ST-ZIP	MIAMI FL 33169	2.4 CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTROVSKY, HELIO,	3.2 NAME	
STREET ADDRESS	934 S SOUTHLAKE DRIVE	3.3 STREET ADDRESS	6032 LELAC ROAD
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: HELIO OSTROVSKY, PRES. 1/15/97 (305) 654-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)