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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000026491 (7)**

1. Corporation Name

NORMANDY ISLE HOLDING COMPANY

Principal Place of Business	Mailing Address
1111 LINCOLN RD SUITE 804 MIAMI BEACH FL 33139	1111 LINCOLN RD SUITE 804 MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: **04/03/1995**

3a. Date of Last Report:

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired: [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 2121 SW 3rd AVE.	26 2121 SW 3rd Ave.
Suite, Apt. #, etc. 22 608	Suite, Apt. #, etc. 27 608
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33129 Country 25	Zip 29 33129 Country 30

9. Name and Address of Current Registered Agent

BERT ALEXANDER & ASSOCIATES
7521 SW 133 ST
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: BERT ALEXANDER + ASSOCIATES.
82 Street Address (P.O. Box Number is Not Acceptable): 2121 SW 3rd Ave. - 608
83
84 City: Miami FL 85 Zip Code: 33129

11. Pursuant to the provisions of Section 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: B. [illegible] 8/13/96
Signature, typed or printed name, of registered agent and title, if applicable (Date) Registered Agent's signature required when name is changed DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	[ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	MACAVIN, MARY		1.2 NAME	
STREET ADDRESS	INGLENEUK S ST HOUSTON		1.3 STREET ADDRESS	
CITY-ST-ZIP	RENFREWSHIRE PA67ET GREAT BR		1.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			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			3.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME			4.2 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	
TITLE		[ ] DELETE	6.1 TITLE	[ ] Change [ ] 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Mary MacAvin 8/13/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)