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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P95000031191 (6)
NORMALINE, INC.

FILED
May 08 1998 8:00am
Secretary of State

NORM/	ALINE, INC.	Mailing Address	,	· · · · · · · · · · · · · · · · · ·				101 164 164 164 177 156
1212 8 BAY RD 1212 8 BAY RD EUSTIS FL 32726						DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualified	1110 01 7102	······································
						04/20/1995		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	plied For
21	26					59-3311946		t Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #,		etc.			5. Certificate of Status Desired	\$8.75 Fee R	Additional equired
City & State	e	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	C	ountry		8. This corporation owes or has paid th	e current year In	angible
24	25	29	30		<u> </u>	Personal Property Tax due June 30.		No
	9. Name and Address of Curre	ent Registered Agent		۲.,		10. Name and Address of New Registe	ered Agent	
	EMENT, G E			81	Name			
308 E FIFTH AVE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
MOUNT DORA FL 32757								
				83				
				84	City		85 Zip	Code
					=		FL " "	
office or a agent. I a	to the provisions of Soctions 607.05 registered agent, or both, in the Statum lamiliar with, and accept the obli	302 and 607 1508, Florida Statite of Florida Such change waigations of, Section 607.0505,	utes, the s authori: Florida S	above red by tatutes	s-named corporati the corporati	oration submits this statement for the purpoon's board of directors. I hereby accept the	ese of changing in appointment as	ts registered registered
SIGNATURE	Stop Name, and or printed parse of registered a	house the street and the street	Off Boost	wed Ago	of signature require	ad when reinstaling)	ATE 138	
12.		ND DIRECTORS	11:		- Garage	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	IS IN 12
TITLE	P	DELETE	1.1	TITLE	$\neg \neg$		Change	Addition
NAME	KHEUL, VIOLETTE		1.2	NAME				
STREET ADDRESS	5246 N ORANGE B #206		1,3	STREET	ADDRESS			
CITY-ST-ZIP	ORLANDO FL		1.4 CITY		T-ZIP			
TITLE	VP	DELETE	DELETE 21TI				☐ Change	Addition
NAME	BOUTROS, HANY			2.2 NAME				
STREET ADDRESS	4514-L MARTIN LANE		23	STREET	ADDRESS			
CMY-ST-ZIP			2.	2.4 CITY-ST-ZIP				
TITLE	8			TITLE			☐ Change	Addition Addition
NAME	ANIS, FAYEK		3.2	NAME	1			
	1212 S BAY ST							
STREET ADDRESS			3.3	STREET	ADDRESS			
CITY-ST-ZIP	EUSTIS FL		34	I. CITY-S	1			···
CITY-ST-ZIP TITLE		DELETE	3.4	I. CITY-S	1		Change	Addition
CITY-ST-ZIP TITLE NAME		DELETE	3.4 4.5 4.	I. CITY-S I TITLE 2 NAME	ST-ZIP		[Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.4 4.7 4.4	I. CITY - S I TITLE 2 NAME 3 STREET	ADDRESS		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.4 4.7 4.3 4.4	I. CITY-S I TITLE 2 NAME 3 STREET I CITY-S	ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.4 4.7 4.3 4.4 5.9	I. CITY-S I TITLE 2 NAME 3 STREET I CITY-S I TITLE	ADDRESS		Change	Addition
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14. Thereby 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 inducated on this annual report or suppliemental 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: [A tek A

THE THE OF PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

4/28/98

Paytime Phone # 0069126