

THIS CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000052068

1. Corporation Name

NORMARIE, INC.

97 JUL 25 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
2b. c/o Chasen, 1000 Vertian		2a. c/o Chasen, 1000 Vertian		7/6/95			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22. Way, #801		27. Way, #801		65-0594219		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Miami, FL		28. Miami, FL		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution		<input type="checkbox"/>	
24. 33139		29. 33139		8. This corporation owes or has paid the current year Intangible		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country		Personal Property Tax due June 30.			
25. USA		30. USA					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CHASEN, JERRY S ESQ. % CROCKETT, FRANKLIN & CHASEN, P.A. 420 LINCOLN RD., SUITE 338 MIAMI FL 33139				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				100002252621-2			
				-07/31/97-01031-019			
				****165.00 ****165.00			
				84. City			
				FL 85. Zip Code			

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASEN, JERRY SIMON	1.2 NAME	
STREET ADDRESS	420 LINCOLN RD SUITE 338	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	
TITLE	Rob E.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Welborn, Rob E.	2.2 NAME	
STREET ADDRESS	3841 NE 2nd Ave., #306	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33137	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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)(d), 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

JERRY SIMON CHASEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0040251

CR2E034 (4/97)

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**CROCKETT
&
CHASEN, P.A.**
ATTORNEYS AT LAW

420 LINCOLN ROAD, SUITE 338
THE BARNETT BANK BUILDING
MIAMI BEACH, FLORIDA 33139
TELEPHONE (305) 674-9222
FACSIMILE (305) 674-9002
E-MAIL sobslaw@aol.com

PAUL HAMPTON CROCKETT
JERRY SIMON CHASEN*
*ALSO ADMITTED CA NM NY

July 24, 1997

via overnight courier

Department of State
Division of Corporations
Ann'l Report Section
409 E. Gaines St.
Tallahassee, FL 32399

re: Ann'l Report/ Normarie, Inc.

To whom it may concern:

An annual report for the above referenced corporation is enclosed. I received neither an original annual report packet or a 2d notice report packet for this corporation. I learned that no report had been filed only when our bank advised us that to close a loan it had approved for the corporation, we would have to file our report.

It is enclosed, together with a check payable to the Department of State, in the sum of \$165. Under the circumstances, a penalty late fee seems inappropriate and we respectfully request that it be waived.

Thank you in advance for your cooperation.

Yours,


Jerry Simon Chasen
Crockett & Chasen, P.A.

JSC/mmi
enclosures