

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000080312 (8)

1. Corporation Name

NURMI CORPORATION



Principal Place of Business

Mailing Address

163 NURMI DRIVE
FT. LAUDERDALE FL 33301

163 NURMI DRIVE
FT. LAUDERDALE FL 33301

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

25

29

30

3. Date Incorporated or Qualified

10/18/1995

3a. Date of Last Report

4. FEI Number

65-0617384

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOBERMAN, JENNIFER M
3400 N.E. 192ND ST.
SUITE 1510
MIAMI FL 33180

81 Name

Hoberman, Jennifer M

82 Street Address (P.O. Box Number is Not Acceptable)

3530 Mystic Pointe Drive
Suite 2211

83

84

City
Miami

FL

85

Zip Code
33180

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

Jennifer M. Hoberman

Jennifer M. Hoberman

15 Feb 1996

SIGNATURE

SIGNATURE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.2 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.3 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.4 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.5 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.6 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.7 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.8 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.9 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.10 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.2 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.3 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.4 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.5 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.6 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.7 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.8 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.9 TITLE

NAME

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IAN ROGER PINNIGER

21 FEB 1996

Date

SG 3-11-96

CR2E034 (12/95)