

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 NOV 20 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000093192 (9)

1. Corporation Name

NORTEL, INC.

Principal Place of Business

Mailing Address

100 EAST LINTON BLVD., SUITE 100B
DELRAY BEACH FL 33483

100 EAST LINTON BLVD., SUITE 100B
DELRAY BEACH FL 33483

REINSTATEMENT

3. Date Incorporated or Qualified 12/07/1995
3a. Date of Last Report 12/07/95

4. FEI Number 65-0627418
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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 1100 S. Fed. Hwy
Suite, Apt. #, etc. #200
22 City & State Deerfield Beach, FL
Zip 33441 Country USA
2a. Mailing Address
26 1100 S. Fed. Hwy.
Suite, Apt. #, etc. #200
27 City & State Deerfield Beach, FL
Zip 33441 Country USA

9. Name and Address of Current Registered Agent
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name ARNE M SOREIDE
82 Street Address / P.O. Box Number (Is Not Acceptable) 1100 S. Fed. Hwy. #200
83 City Deerfield Beach
84 City FL 85 Zip Code 33441

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]* (NOTE: Registered Agent signature required when reinstating) DATE 11/15/95

12. OFFICERS AND DIRECTORS
TITLE PSTD
NAME SOREIDE, LYNN M
STREET ADDRESS 100 EAST LINTON BLVD., SUITE 100B
CITY - ST - ZIP DELRAY BEACH FL 33483
[DELETE]
[DELETE]
[DELETE]
[DELETE]
[DELETE]
[DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PSTD
1.2 NAME ARNE M SOREIDE
1.3 STREET ADDRESS 1100 S. Fed. Hwy, Suite 200
1.4 CITY - ST - ZIP Deerfield Beach, FL 33441
[Change] [Addition]
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
[Change] [Addition]
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
[Change] [Addition]
4.1 TITLE
4.2 NAME 200002011742--8
4.3 STREET ADDRESS -11/21/96--01103--011
4.4 CITY - ST - ZIP *****383.75 *****383.75
[Change] [Addition]
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
[Change] [Addition]
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
[Change] [Addition]

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: *[Signature]* 11/15/96 954.246/1500
DATE Daytime Phone #