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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600005324 (4)

THE NORRAND CORPORATION

Principal Place of Business	Mailing Address
1429 COLONIAL BLVD SUITE 102	1429 COLONIAL BLVD., SUITE 102
Fort Myers FL 33807	FORT MYERS FL 33907-1060

## FILED May 07 1997 8:00am Secretary of State



1429 COLONIAL BLVD SUITE 102 FORT MYERS FL 33907			1429 COLONIAL BLVD., SUITE 102 FORT MYERS FL 33907-1060					
					3. Date Incorporated or Qualified 01/01/1996	3a. Date of Last R	eport	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Ar	oplied For	
21]		26	+ - L		65-0638848 Not Applicat			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	e	City & State	<b>}</b> -¬ ′		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip <b>29</b>	Gountr 30	<i>y</i>	This corporation has liability for intangible tax under s. 199.032,     Florida Statutes			
	9, Name and Address of Cur	rent Registered Agent			10. Name and Address of New Reg	stered Agent		
	DOCK, RANDY		81	Name				
	COLONIAL BLVD., SUITE 10.	2	82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
FOR	T MYERS FL 33907		83					
			"					
			84	City		FL 85 Zip	Code	
office or r	to the provisions of Sections 607 ( egistered agent, or both, in the St im familiar with, and accept the ot	ate of Florida. Such change was:	authorized b	y the corpora	poration submits this statement for the patients board of directors. Thereby accep	urnose of changing if	s registered registered	
SIGNATURE	62-4	en e						
12.	Signature, typed or printed name of registered OFFICERS	agent and title if applicable (NO AND DIRECTORS	TE Registered Ap	mit signature requ	ired when reliefs rig)  ADDITIONS/CHANGES TO OFFIC	DATE EDS AND DIRECTOR	20 INI 10	
TITLE	PRECIDENT	DELETE	1.1 TUTLE		ADDITIONS/OFFAMALS TO OFFICE	Change	Addition	
NAME	RANDON MURDOC	<i>-</i>	1.2 NAME			L		
STREET ADDRESS	107 W. OREGON	ROAD		1 ADDRESS				
CITY-ST-ZIP	PRESIDENT RANDOMAN MURDOC 107 W. DREGON LEHIGH ACRES,	FL 33936	1.4 CHY-					
TITLE		DELEJE	2.1 TITLE			Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	1 ADDRESS				
CITY-ST-ZIP			2 4 CITY-	ST-ZIP			1	
TITLE		DELETE	3 1 111LE			Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STRFE	LADDRESS			i	
CITY-ST-ZIP			3.4. CITY-	ST - 7/P				
TITLE		☐ DELETE	4 1 TITLE			Change	Addition	
NAME OTOTET ADDRESS			4 2 NAMI					
STREET ADORESS				ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 GILY -: 5.1 THILE	ST - ZIP		☐ Change	Addition	
NAME		L_ Office	52 NAME			ET cuquide	ריין אינוטווטוייע נייין	
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			54 CITY-					
TITLE		DELETE	61 TITLE	21 - 111		Change	Addition	
NAME		<del>-</del>	6.2 NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			64 CITY-	1				

14. I do hereby 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 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 eath; 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.

CIGNATUDE:

Rose Sudad E. Meredad

7 & ANDIL 1997 GUI.278.78146