SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600005324 (4)

THE NORRAND CORPORATION

Principal Place of Business 1429 COLONIAL BLVD., SUITE 102 FORT MYERS FL 33907 Mailing Address

1429 COLONIAL BLVD., SUITE 102 FORT MYERS FL 33907

FILED Sep 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1996

| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | Applied For | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|--------------|-------------------------------------------------------|--------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------|--|--|
| 21 | | 26 | | 65-0638848 | Not Applicable | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional | | | | | | | |
| 27 | | | | | U. Celtificate of Status Desired | Fee Required | | | | | | | |
| City & State | Э | City & State | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | | | | | |
| Zip | Country | Zip | Country | | 8. This corporation owes or has paid the cu | | | | | | | | |
| 24 | 25 29 30 | | 30 | Personal Property Tax due June 30. Yes No | | | | | | | | | |
| Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | | | | | | |
| MURDOCK, RANDY | | | | Name | | | | | | | | | |
| 1429 COLONIAL BLVD., SUITE 102 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | |
| FORT MYERS FL 33907 | | | | 83 84 City 85 Zip Code | | | | | | | | | |
| | | | | | | | | | | | FL S Z COOK | | |
| | | | | | | | 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 familify with, and accept the obligations of, section 607.0505. Florida Statutes. | | | | | | | | | | | | | |
| SIGNATURE MANSSELLE. MURDOR 9/23/88 | | | | | | | | | | | | | |
| 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 A | ND DIRECTORS IN 12 | | | | | | | |
| TITLE | P | DELETE | 1.1 TITLE | | | Change Addition | | | | | | | |
| NAME | MURDOCK, RANDOLPH | | 1.2 NAME | | | | | | | | | | |
| STREET ADDRESS | 107 W OREGON RD | | | ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | LEHIGH ACRES FL | | 1.4 CITY-ST | ZIP | | | | | | | | | |
| TITLE | | DELETE | 2.1 TITLE | | | Change Addition | | | | | | | |
| NAME | 22 N | | 2 2 NAME | Į. | | | | | | | | | |
| STREET ADDRESS | 2.38 | | 2.3 STREET | ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | 2.40 | | ZIP | | | | | | | | | |
| TITLE | | DELETE | 3.1 TITLE | Ļ | | Change Addition | | | | | | | |
| NAME (| 1 3 | | 3.2 NAME | ĺ | | . 1 | | | | | | | |
| STREET ADDRESS | ET ADORESS | | 3.3 STREET | ADDRESS | | • | | | | | | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | | | | | | | | | |
| TITLE | Car beaute | | 4.1 TITLE | | | Change Addition | | | | | | | |
| NAME | | | 4.2 NAME | | | | | | | | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | • | | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST | ZIP | | | | | | | | | |
| TITLE | | DELETE | 5.1 TITLE | | | Change Addition | | | | | | | |
| NAME | | | 5.2 NAME | ŀ | | \ | | | | | | | |
| STREET ADDRESS | | | 5.3 STREET. | ADORESS | | · . | | | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST | ZIP | | | | | | | | | |
| TITLE | | DELETE | 6.1 TITLE | | | Change Addition | | | | | | | |
| NAME | | | 6.2 NAME | } | | } | | | | | | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST | | | <u> </u> | | | | | | | |
| 14. I 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 | | | | | | | | | | | | | |

4. I nereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(1). 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: Kandle (p. A. F.) Maintak | KANDON PA F MUNOCK 9/23/98 941.275.0444

:RZE034 (5/98)