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

Mailing Address 13131 UNIVERSITY DR.

FT. MYERS FL 33907-5716

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

13131 UNIVERSITY DR. FT. MYERS FL 33907

STREET ADORESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000010542 (4)

ROBERT NORWOOD GROUP. INC.

3a. Date of Last Report | /31 / 97 3. Date incorporated or Qualified 01/31/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0640963 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Country $Z_{\rm ID}$ 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NORWOOD, ROBERT B 13131 UNIVERSITY DR. 82 Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33907 83 84 City 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, Soction 607.0505, Florida Statutes. SIGNATURE Signature, typed or ported name of registered agent and tire if applicable INOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 12 13. DELETE Change Addition 1.1 TITLE THEF NORWOOD, ROBERT B NAME 1.2 NAME Newword. 1533 Weybridge Circle 15470 CEDARWOOD LANE, #203 STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33963 34110 Naples DITY+ST ZIP 1.4 CiTY-ST-ZiP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 1.4 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-7IP □ DELETE Change ☐ Addition 3.1 TITLE THE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - \$1 - 78º 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TILLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY ST-703 DELETÉ Addition Change 51 TITLE TIFLE 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS 5.4 CITY-ST-ZIP City-St-ZiP DELETE Change Addition THEF 6.1 TITLE MAME 6.2 NAME

6.3 STREET ADDRESS 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)(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 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.

Date

Daytime Phone #