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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000010542 (4)

ROBERT NORWOOD GROUP, INC.

1533 WEYBRIDGE CIRCLE

NAPLES FL

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME Street address

TITLE

Principal Place of Business Mailing Address						
13131 UNIVERSITY DR. FT. MYERS FL 33907			13131 UNIVERSITY DR. FT. MYERS FL 33907		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					01/31/1996	
		2a. Mailing Address	Idress		4. FEI Number Applied For	
21		[26]			65-0640963 Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27			5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State		Cily & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Country 25	7ıp 29	Cour 30	8. This corporation owes or has paid the current year Intangib Personal Property Tax due June 30. Yes No		
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered Agent	
NORWOOD, ROBERT B				81 Name		
13131 UNIVERSITY DR.			-	82 Street Address (P.O. Box Number is Not Acceptable)		
FT. MYERS FL 33907				Street Address (F.O. Box Nymber is Not Acceptable)		
				63		
			ľ	84	City FL 85 Zip Code	
office or	nt to the provisions of Sections 607. r registered agent, or both, in the Sam familiar with, and accept the o	tate of Florida. Such change w	as authorized	l by t	a-named corporation submits this statement for the purpose of changing its registered the corporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	<u>.</u>					
	Signature typed or printed name of registere		NOTE Registered	Agen!	int signature required when reinstating) DATE	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 117	LE	▶ Change ☐ Addition	
NAME	NODWOOD POREDT R		1.2 MA	MF	Nanumari Robert R	

1.3 STREET ADDRESS

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

3.4. CITY - ST - ZIP

2.4 CITY-ST-ZIP

1.4 CITY - ST - ZIP

2.1 TITLE 2.2 NAME

3.1 TITLE 3.2 NAME

4,1 TITLE

4, 2 NAME

CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 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.

6.4 CITY-ST-ZIP

and the Man Of Rd. La Abrumed 1/17/2

DELETE

DELETE

DELETE

1/17/00 (011) 002-727-

FILED

Apr 23 1998 8:00am

Secretary of State

CR2E034 (10/97)

Addition

Addition

___ Addition

Change

Change

Change