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

PROFIT CORPORATION ANNUAL REPORT



Secretary of State

1998

SIGNATURE:

DIVISION OF CORPORATIONS

DOCUMENT # P96000013604 (9) NORMANDY REALTY MANAGEMENT, INC.

FILED Jan 21 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		e semilent leg (getto mittel antil matet musuu linnu leida kelib mulli	El El IORI
900 BAY DRI		900 BAY DRIVE, L-9			
MIAMI BEACH	f FL 33141	MIAMI BEACH FL 33141		DO NOT MORE IN THIS COACE	
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				02/09/1996	
2. Principal P	lace of Business	2a. Mailing Address			lied For
21 795	O NE Boushore C				olied For Applicable
Suite, Apt.		Suite, Apt. #, etc.		_ \$2.75 A	
22	•	27		5. Certificate of Status Desired Fee Rec	
City & State City & State				6. Election Campaign Financing \$5.00 h	·
23 Maw	11.12	28		Trust Fund Contribution Added to	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intai	naible
24 33 5	18 25 USA	29 30			No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
HOWARD, EUGENE J 81 Name Theodore J Klein Eso					
1111 LINCOLN ROAD 82 Street Address				Address (P.O. Box Number is Not Acceptable)	
				88 NE 168 th St	
MIAMI BEACH FL 33139					
			84 City	() 85 Zip_Ci	
			' '	No Miami Och FL 33	767
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named	d corporation submits this statement for the purpose of changing its poration's board of directors. I hereby accept the appointment as re-	registered
agent. I a	amiliar with and accept the obligati	ons of, Section 607.0505, Florid	la Statutes.	poration's board of directors, I hereby accept the appointment as re	agistered
SIGNATURE A	X. //	Tu		1/1/	98
	Signature, types or printed name of registered agent			e required when reinstating) DATE	
12. /	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	☐ DELETE	1.1 TITLE	Vircetor Change	Addition
NAME	LEVINSON, STEVEN ZVI		1.2 NAME		
STREET ADDRESS	900 BAY DR L-9		1.3 STREET ADDRESS	AALAALA AL AA — mula	
CITY-ST-ZIP	MIAMI BHC FL		1.4 CITY-ST-ZIP	WIAM BEACH, FC 33141	(SET) A LINE
TITLE _	,	☐ DELETE	2.1 TITLE	Υ P	Addition
NAME			2.2 NAME	Dydith S. Berson	ľ
STREET ADDRESS	• •	•	2.3 STREET ADDRESS	900 Bay Dr. L-9	
CITY-ST-ZIP ,		· · · · · · · · · · · · · · · · · · ·	2. 4 CITY-ST-ZIP	Miami Beach 7 33141	
TITLE		L DELETE	3,1 TITLE	L Change	☐ Addition
NAME	*		3.2 NAME		
STREET ADDRESS	•		3.3 STREET ADDRESS		
CITY-ST-ZIP		. I po ere	3.4. CITY-ST-ZIP		F***
TITLE		DELETÉ	4,1 TITLE	Change	☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		1,50,00	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	L_ Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		[FT] Devere	5.4 CITY-\$T-ZIP		
TITLE		☐ DELETE	6.1 TITLE	Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	outlife that the information and the desired	ALI- 6111	6.4 CITY-ST-ZIP	dis Continue data 07/00/65 Florida Continue di distributione di distributi	
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 oath; that I am an					
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.					
Block 12 or Block 13 if changed, or on an attachment with an address.					