SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000048030 (6)

NORDEN ENTERPRISES, INC.

FILED Sep 02 1997 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address			
716 KELLY \$TREET 716 KELLY \$TREET DESTIN FL 32541 DESTIN FL 32541					
247.01 16 V	•• ••	ACOUNT IC ASSAI		DO NOT WRITE I	N THIS SPACE
				3. Date Incorporated or Qualified 06/05/1996	3a. Date of Last Report
	Place of Business	2a. Mailing Address	1603	4. FEI Number	Applied For
21 409 Sulte, Apt.		26 P. o . BOX / Suite, Apt. #, etc.	603	59-3387670	Not Applicable
22	π, σσ.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Sta	-	City & State		6. Election Campaign Financing	\$5.00 May Be
	STIN, FL	20 007777	F(-		Added to Fees
24 325		29 32 5 4 0 3	O USA	This corporation owes or has paid Personal Property Tax due June 3	0. DXYes ☐ No
	9. Name and Address of Current	Registered Agent	P1 Nome	10. Name and Address of New Regi	stered Agent
CORPORATION SERVICE COMPANY 1201 HAVE STREET					
1201 HAYS STREET TALLAHASSEE FL 32301			82 Street Address (P.O. Box Number is Not Acceptable)		
17%	CONTRODUCE TE OZOUT		83		
			84 City		1001 500
			'		FL 85 Zip Code
OTTICE OF	registered agent, or both, in the State o	of Horida. Such change was aut	thorized by the corpora	poration submits this statement for the puration's board of directors. I hereby accept	rpose of changing its registered
аделт. га	am familiar with, and accept the obligat	tions of, Section 607.0505, Florid	da Statutes.	,,	one of the same of
SIGNATURE	Signature, typed or printed name of registered agent	it and title if applicable. (NOTE: F	Registered Agent signature requ	ired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	NODEN DIEDICIA N	☐ DELETE	1.1 TITLE	Daniel de de la constante de l	Change Addition
NAME	NORDEN, PATRICIA N 716 KELLY STREET		1.2 NAME	PATRICIA N. NORDE	N
STREET ADDRESS	DESTIN FL 32541		1.3 STREET ADDRESS	309 HOLLY ST. DESTIN. FC 32541	
CITY-ST-ZIP TITLE	BEOTIM TE BEST	DELETE	1.4 CHY-ST-ZIP 2.1 TITLE	DUSTIN: PC 32341	Change Addition
NAME			2.2 NAME		CT change CT Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		∐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELE1E	4.4 CITY - ST - ZIP		[Disease Distance
TITLE		□] Octob	5.1 TITLE		☐ Change ☐ Addition
NAME CIRECT ANNOESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 City-St-ZiP 6.1 Title		Change Addition
NAME		CT precie	6.2 NAME		Change C Addition
STREET ADDRESS			6.3 STREET ADORESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	ov certify that the information supplied	with this filing does not qualify f		d in Section 119 07(3)(i) Florida Statutes	further certify that the

Into the by Certaly that the information supplied with his filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Florida Statutes. Florida Statutes. Florida Statutes. Florida Statutes in the certain that the information indicated on this annual report is supplied 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 roceiver 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 chapter, or on an attachment with an address.

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