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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000065344 (9)

NORTHERN DREAMBUILDERS CORPORATION

FILED Apr 03 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 3055 SOUTHEAST ST. LUCIE BLVD. STUART FL 34997 STUART FL 34997-5423								
					3. Date Incorporated or Qualified 08/05/1996	3a. Dat	te of Last Re	eport
2. Principal P	face of Business	2a. Mailing Address 26	<u> </u>		4. FEt Number 65-0697592			oplied For of Applicable
		Suite, Apt. #, etc.	27		5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat 23		City & State	·····		Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Ζφ 24	Country 25	Zip 29	30 Count	′у 		Yes 🛭	∫No	. 199.032,
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Ro	egistered A	.gent	
	d, donald j		8	Name				
3055 SOUTHEAST ST. LUCIE BLVD. STUART FL 34997				2 Street A	ddress (P.O. Box Number is Not Accepta	ble)		
			8:	3				
			8-		corporation submits this statement for the oration's board of directors. I hereby acce	FL	'	Code
agent. La SIGNATURE 12.	am familiar with, and accept the obli- Signature typed or proted manus of registered. OFFICERS A				equired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTOF	
1/11/5	D	DELETE	1.1 TITLE		P/T		Change	Addition
NAME	HELD, DONALD J		1.2 NAMI		HELD, DONALD J			
STREET ADDRESS	3055 SOUTHEAST ST. LUCI	e BLVD.	1.3 STRE	ET ADDRESS	3055 SOUTHBAST ST. LUCIE	BLVD.		
CITY - ST- ZIF	STUART FL 34997		1.4 CITY	ST-ZIP	STUART FL 34997			
TILE	D	☐ DELETE	2.1 TITLE	,	V/s		Change	Addition
NAM:	HELD, JANET L	- DI 145	2.2 NAME		HELD, SANGT L			
STREET ADDRESS	3055 SOUTHEAST ST. LUCI	E RLAD.	2.3 STRE	et address	3055 SOUTHBAST ST. LUCI	G BLVD.		
CHY-S1-7IP	STUART FL 34997	Dretar	2. 4 CITY		STUART PC 34997		Channe	TT taking
THLE		☐ DELETE	31 TITLE			1	Change	Addition
NAMÉ O LICO L'ADOING CO	}		3.2 NAM	- 1				
STREET ADORESS				ET ADDRESS				
CHY-ST ZIF TITLE		DELETE	3.4. CITY 4.1 TITLE				Change	Addition
NAME			4. 2 NAM			,		
STREET ADDRESS				ET ADDRESS E				
CHTY - ST - ZiFi			4.4 City					
TITLE	/	DELETE	51 TITLE				Change	Addition
NAME			5.2 NAM	; <u> </u>				
STREET ADDRESS			5.3 \$TRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY	-ST-ZIP				
TITLE		DELETE	6.1 TITLE				Change	Addition
N4Mi			6.2 NAM					
STREET ADDRESS			6.3 STRE	ET ADDRESS				
CITY-ST ZIP			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 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:

THE AND TYPE OF PRENTED NAME OF BIOWING OFFICER OR DIRECTOR

3-24-97

614-792-812/

0472361

2E034 (9/96)