


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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000084092 (1) 1. Corporation Name NORBAK, INC.					
Principal Place of Business 5820 NORTH CHURCH AVE., SUITE 339 TAMPA FL 33614			Mailing Address 5820 NORTH CHURCH AVE., SUITE 339 TAMPA FL 33614-5643		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/07/1996 3a. Date of Last Report	
4. FEI Number 59-3405471		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BAKER, GARY J 5820 NORTH CHURCH AVE., SUITE 339 TAMPA FL 33614			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____					
12. OFFICERS AND DIRECTORS 12.1 TITLE <input type="checkbox"/> DELETE NAME BAKER, GARY J STREET ADDRESS 5820 NORTH CHURCH AVE., SUITE 339 CITY - ST - ZIP TAMPA FL 33614 12.2 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP 12.3 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP 12.4 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP 12.5 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY - ST - ZIP 13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY - ST - ZIP 13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY - ST - ZIP 13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY - ST - ZIP 13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY - ST - ZIP 13.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY - ST - ZIP 13.25 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY - ST - ZIP 13.29 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.30 NAME 13.31 STREET ADDRESS 13.32 CITY - ST - ZIP 13.33 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.34 NAME 13.35 STREET ADDRESS 13.36 CITY - ST - ZIP 13.37 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.38 NAME 13.39 STREET ADDRESS 13.40 CITY - ST - ZIP 13.41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.42 NAME 13.43 STREET ADDRESS 13.44 CITY - ST - ZIP 13.45 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.46 NAME 13.47 STREET ADDRESS 13.48 CITY - ST - ZIP 13.49 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.50 NAME 13.51 STREET ADDRESS 13.52 CITY - ST - ZIP 13.53 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.54 NAME 13.55 STREET ADDRESS 13.56 CITY - ST - ZIP 13.57 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.58 NAME 13.59 STREET ADDRESS 13.60 CITY - ST - ZIP 13.61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.62 NAME 13.63 STREET ADDRESS 13.64 CITY - ST - ZIP 13.65 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.66 NAME 13.67 STREET ADDRESS 13.68 CITY - ST - ZIP 13.69 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.70 NAME 13.71 STREET ADDRESS 13.72 CITY - ST - ZIP 13.73 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.74 NAME 13.75 STREET ADDRESS 13.76 CITY - ST - ZIP 13.77 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.78 NAME 13.79 STREET ADDRESS 13.80 CITY - ST - ZIP 13.81 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.82 NAME 13.83 STREET ADDRESS 13.84 CITY - ST - ZIP 13.85 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.86 NAME 13.87 STREET ADDRESS 13.88 CITY - ST - ZIP 13.89 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.90 NAME 13.91 STREET ADDRESS 13.92 CITY - ST - ZIP 13.93 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.94 NAME 13.95 STREET ADDRESS 13.96 CITY - ST - ZIP 13.97 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.98 NAME 13.99 STREET ADDRESS 13.100 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. SIGNATURE: [Signature] GARY J. BAKER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/29/97 Daytime Phone # (813) 888-6026					



CR2E034 (9/96)