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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

ANNUAL REPORT 1998

FILED Feb 24 1998 8:00am Secretary of State

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DOCUMENT # P96000100766 (0)						
NORKA FRUIT CO.						
				A CORPUGATION CONTRACTOR DEPOS DAVID	40181 (1914 6011) BANK (8418 61119 4111 (841	
B			<u></u>		*** *********************************	
Principal Place of Business Mailing Address		-				
		148 NORTH LAKE REEDY FROSTPROOF FL 33843	BLVD.	· ·		
111001111001	16 55015	THOUTHOUT IE GOOT			ITE IN THIS SPACE	
				3. Date Incorporated or Qualifie	od	
2. Principal P	Place of Business	28, Mailing Address		01/01/1997 4. FEI Number	Applied For	
21		26 POBOX 2	۶۶	59-3414457	Not Applicable	
Suite, Apt.	#, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22	<u>,</u>	27			Fee Required	
City & Stat	e	City & State	e tel	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	7(0)	Country	8. This corporation owes or has		
24	25	29 33843	30 USA	Personal Property Tax due Ju	. — . — .	
	g, Name and Address of Curren	Registered Agent		10. Name and Address of New	Registered Agent	
AMERILAWYER CHARTERD 81 Name D N				DAVID NONKA	_	
343 ALMERIA AVE.			82 Street Ad	et Address (P.O. Box Number is Not Acceptable)		
CORA GABLES FL 33134			83	IN THEE KEED	18200	
1						
			84 City	T proof	FL 85 Zip Code 33843	
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 of figure or postered agent, or both in the State of Florida, Such change was authorized by the corporation's heard of directors. Learning accept the appointment as registered						
office or registered agent, or both, in the State of Florida Statutios, tile 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 hilligations of, Section 607.0505, Florida Statutes. SIGNATURE						
SIGNATURE	Signature, typed or protect name of registered ages	President MOTE	No O C C Rugistered Agent signature rec	Suited when rainstation)	2-21-98	
12.	OFFICERS AND		13.		FICERS AND DIRECTORS IN 12	
TITLE	PSTD	DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	NORKA, DAVID A	_	1.2 NAME			
STREET ADDRESS	148 NORTH LAKE REEDY BLV	v.	1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	FROSTPROOF FL 33843	DELETE	1.4 CHY-S1-ZIP 2.1 TITLE		Change Addition	
NAME		_	22 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY - ST - ZIP			
TITLE		DETELF	3.1 TITLE		Change Addition	
NAME I			3.2 NAME			
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADORESS 3.4. CITY-ST-ZIP			
TITLE		DELFTE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME		. –	
STREET ADDRESS			4.3 STREET ADDRESS		}	
CITY-SY-ZIP	, <u></u>	· 	4.4 City-St-ZiP			
TITLE	!	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		ļ	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		i	
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME		1	
OTDEEX -DOORSO					i	

6.4 CITY-ST-ZIP 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 supplimental 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 changes or on an attachment with an address.