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Apr 08 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 # **S72988** (6)
1. Corporation Name
NORELLE, INC.



Principal Place of Business Mailing Address
10030 GULFSHORE DR **10030 GULFSHORE DR**
NAPLES FL 34108-4028 **NAPLES FL 34108-4028**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/12/1991	04/15/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		65-0286812	Not Applicable
24 Country		30 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing	\$5.00 May Be Added to Fees
				Trust Fund Contribution	<input type="checkbox"/>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

VOLPE, MICHAEL J.
THE NORTHERN TRUST BLDG
4001 TAMiami TRAIL NORTH SUITE 330
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUBOIS, GARY N	
STREET ADDRESS	10030 GULFSHORE DR	
CITY - ST - ZIP	NAPLES FL	
TITLE	OTS	<input type="checkbox"/> DELETE
NAME	DUBOIS, ALAN J.	
STREET ADDRESS	10030 GULFSHORE DR	
CITY - ST - ZIP	NAPLES FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DUBOIS, ESTELLE	
STREET ADDRESS	10030 GULFSHORE DR.	
CITY - ST - ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	14 Casale Drive
1.4 CITY - ST - ZIP	Warren, N.J. 07059
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	903 W. Dakin, #3
2.4 CITY - ST - ZIP	Chicago, IL 60613
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 contained 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: *Estelle Dubois*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

* 4/2/97 (94) 566-2833

Date

Daytime Phone

0413788

CR2E034 (9/96)