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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S99343

9343

(3)

NORDIC	, INC.				((),
Principal Place	of Business	Mailing Address		📆 — I KANDILOTO FOR TRUKO JOHON FILIT BUNDO KUT D	tant mintt mintt genet over i bintt inet
407 LINCOLN R	Rn.	407 LINCOLN RD.			
SUITE BE SUITE BE				4	
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-3008			8		
				3. Date Incorporated or Qualified 12/11/1991	3a. Date of Last Report 02/16/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		65-0311208	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	9	City & State		R Floring Compains Financia	
23	-	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	10		Yes No
<del>-</del>	g. Name and Address of Curren		1	10. Name and Address of New Reg	istered Agent
DRU	CKER, A. NORMAN		81 Name		
801 NE 167TH STREET			82 Street Addr	ess (P.O. Box Number is Not Acceptable	2
SUITE 306			OR Street Addr	ess (F.O. Box radiliber is fact Acceptable	e)
	TH MIAMI BEACH FL 33162		83		
			84 City		85 Zip Code
			G4 City		FL 85 Zip Code
11. Pursuant to office or reagent. Lai	to the provisions of Sections 607 050, egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida Statutes of Florida Such change was au alions of, Section 607.0505, Flori	s, the above-named corp thorized by the corporational statutes.	poration submits this statement for the pulion's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if accilicable (NOTE:	Registered Agent signature requir	red when reinstating)	DATE
12.	OFFICERS ANI	·	13.	ADDITIONS/CHANGES TO OFFICE	
Title	Р	DELETÉ	1.1 TITLE		☐ Change ☐ Addition
NAME	HAUGLAND, TERJE		1.2 NAME		
STREET ADDRESS	407 LINCOLN RD., #8E		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP		
TITLE	V	L DELETE	21 TITLE		Change Addition
NAME	HAUGLAND, MARIE		2.2 NAME		
STREET ADDRESS	407 LINCOLN RD., #8E		2.3 STREET ADDRESS		
Dity ST-ZIP	MIAMI BEACH FL 33139	DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE			3.1 TITLE		Change Chydunon
NAME			3.2 NAME		
STREET ADDRESS		T.	3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		<u> </u>	4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST- ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREFT ADDRESS			6.3 STREET ADDRESS		
CHY-ST-ZIP			6.4 CITY-ST-ZIP		
				d in Section 119.07(3)(i), Florida Statutes I my signature shall have the same legal	
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 it 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)613-000 Dayline Phone #

**FILED** 

Jan 28 1997 8:00am

Secretary of State