

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V18128** (1)

1. Corporation Name

**NORMOYLE, INC.**



Principal Place of Business

**631 US HWY ONE  
SUITE 307  
NORTH PALM BEACH FL 33408-4618  
US**

Mailing Address

**631 US HWY ONE  
SUITE 307  
NORTH PALM BEACH FL 33408-4618  
US**

3. Date Incorporated or Qualified  
**03/03/1992**

3a. Date of Last Report  
**04/24/1995**

2. Principal Place of Business

21 **631 U.S. Hwy ONE**

Suite, Apt. #, etc

22 **SUITE 400**

City & State

23 **NORTH PALM BEACH, FL**

Zip

24 **33408-4618**

Country

2a. Mailing Address

26 **631 U.S. Hwy ONE**

Suite, Apt. #, etc

27 **SUITE 400**

City & State

28 **NORTH PALM BEACH, FL**

Zip

29 **33408-4618**

Country

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**KILDUFF, JAMES  
% WEXFORD UNDERWRITING MANAGERS INC  
631 US HWY ONE SUITE 307  
NORTH PALM BEACH FL**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**631 U.S. Hwy ONE, SUITE 400**

83

84 City

**North Palm Beach**

**FL**

85 Zip Code

**33408-4618**

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 firm if applicable

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

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **PASCOE, EDMUND N**  
STREET ADDRESS **660 SUMMIT AVE.**  
CITY-ST-ZIP **MILL VALLEY CA**

TITLE **V** ☐ DELETE  
NAME **KILDUFF, JAMES C**  
STREET ADDRESS **34 ST. JAMES DR.**  
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **D** ☐ DELETE  
NAME **JONES, STEPHEN J.**  
STREET ADDRESS **110 CHESTER AVENUE**  
CITY-ST-ZIP **GARDEN CITY NY**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

**James C. Kilduff** **JAMES C. KILDUFF**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/96**

DATE

**407/844-4243**

DATE/TIME PHONE #

CR2E034 (12/95)