

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

FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V64833** (9)

1. Corporation Name  
**NORVAL, INC.**

Principal Place of Business  
**3131 NORTHWEST 109 TERRACE  
SUNRISE FL 33322**

Mailing Address  
**3131 NORTHWEST 109 TERRACE  
SUNRISE FL 33351-6847**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/11/1992</b>		3a. Date of Last Report <b>03/19/1996</b>	
21 <b>5106 MALLARD'S PLACE</b>		25 <b>5106 MALLARD'S PLACE</b>		4. FEI Number <b>65-0361777</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23 <b>COCONUT CREEK, FL</b>		28 <b>COCONUT CREEK, FL</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Zip Country		Zip Country					
24 <b>33073 U.S.A.</b>		29 <b>33073 U.S.A.</b>					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>JONES, KENNETH M.</b> <b>3131 NORTHWEST 109TH TERRACE</b> <b>SUNRISE FL 33322</b>				81 Name <b>RONALD J. DEARING</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>5106 MALLARD'S PLACE</b>			
				83			
				84 City <b>COCONUT CREEK</b>			
				85 Zip Code <b>FL 33073</b>			

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 applications of, Section 607.0505, Florida Statutes.

SIGNATURE *Ronald J. Dearing* (NOTE: Registered Agent signature required when reinstating) DATE **4-7-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEARING, RONALD J. SR.			1.2 NAME	DEARING, RONALD J. SR.		
STREET ADDRESS	3131 N.W. 109TH TERRACE			1.3 STREET ADDRESS	5106 MALLARD'S PLACE		
CITY-ST-ZIP	SUNRISE FL			1.4 CITY-ST-ZIP	COCONUT CREEK, FL 33073		
TITLE	VSD	<input type="checkbox"/> DELETE		2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEARING, VALERIE B.			2.2 NAME	DEARING, VALERIE B.		
STREET ADDRESS	3131 N.W. 109TH TERRACE			2.3 STREET ADDRESS	5106 MALLARD'S PLACE		
CITY-ST-ZIP	SUNRISE FL			2.4 CITY-ST-ZIP	COCONUT CREEK, FL 33073		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 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: *Ronald J. Dearing* DATE: **4-7-97** DAYTIME PHONE: **954-401-6095**

CR2E034 (9/96)