

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H06268 (7)**
1. Corporation Name
NEWTON INDUSTRIES (BOCA RATON), INC.



Principal Place of Business: **8054 EASTLAKE DR 8-B BOCA RATON FL 33433-2114**
Mailing Address: **8054 EASTLAKE DR 8-B BOCA RATON FL 33433-2114**

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. Subst. Apt. #, etc.: 26
27. Subst. Apt. #, etc.:
22. City & State: 27
23. City & State: 27
28. City & State:
24. Zip: 25 Country: 29 Zip: 30 Country:

3. Date Incorporated or Qualified: **06/04/1984**
3a. Date of Last Report: **03/06/1995**
4. FET Number: **04-2839048**
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
**STEINBERG, MELVYN A.
8054 EASTLAKE DR 8B
BOCA RATON FL 33433 -2114**

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0932 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent 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 607.0905, Florida Statutes.

SIGNATURE: _____ (By the Registered Agent of Signature required if Agent is State)

12. OFFICERS AND DIRECTORS

TITLE	T	CHARGE DELETE
NAME	STROYMAN, SUMNER	
STREET ADDRESS	13724 SAND CRANE DRIVE	
CITY- ST- ZIP	PALM BEACH GDNS FL 33418	
TITLE	P	CHANGE DELETE
NAME	STEINBERG, MELVYN A.	
STREET ADDRESS	8270 VISTA DEL LAGO BOCA EASTLAKE DR.	
CITY- ST- ZIP	BOCA RATON, FL 33433 -2114	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
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 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 included 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 assignment with an address.

SIGNATURE: *Melvin A. Steinberg* 2/19/96 1-407-483-2112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)