

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 MAR 16 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000052791 (8)**

1. Corporation Name  
**NEWPORT PARTNERS VIII, INC.**

Principal Place of Business      Mailing Address  
**300 INTERNATIONAL PARKWAY  
SUITE 270  
HEATHROW FL 32746**      **300 INTERNATIONAL PARKWAY  
SUITE 270  
HEATHROW FL 32746**

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified      3a. Date of Last Report  
**07/15/1994**      **n/a**  
4. FEI Number      Applied For  
**59-3259722**      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  
**DANIELS, ALAN H  
800 NORTH MAGNOLIA AVE.  
SUITE 1500  
ORLANDO FL 32803**

10. Name and Address of New Registered Agent  
81 Name **Peter Cahall**  
82 Street Address (P.O. Box Number is Not Acceptable) **300 Int'l Parkway # 270**  
83  
84 City **Heathrow**      FL      85 Zip Code **32746**

11. Pursuant to the provisions of Sections 607.0502 and 607.0504, 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]*      DATE: **3-13-95**

12. OFFICERS AND DIRECTORS  
TITLE      D  
NAME      CAHALL, PETER S  
STREET ADDRESS      300 INTERNATIONAL PARKWAY, STE. 270  
CITY-ST-ZIP      HEATHROW FL 32746  
TITLE      D  
NAME      CAMPISI, JAMES M  
STREET ADDRESS      300 INTERNATIONAL PARKWAY, STE. 270  
CITY-ST-ZIP      HEATHROW FL 32746  
TITLE      D  
NAME      CAMPISI, JAMES M  
STREET ADDRESS      300 INTERNATIONAL PARKWAY, STE. 270  
CITY-ST-ZIP      HEATHROW FL 32746  
TITLE      D  
NAME      CAMPISI, JAMES M  
STREET ADDRESS      300 INTERNATIONAL PARKWAY, STE. 270  
CITY-ST-ZIP      HEATHROW FL 32746  
TITLE      D  
NAME      CAMPISI, JAMES M  
STREET ADDRESS      300 INTERNATIONAL PARKWAY, STE. 270  
CITY-ST-ZIP      HEATHROW FL 32746

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)(b), 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 an appointment with an address.

SIGNATURE: *[Signature]*      DATE: **3-13-95**      **407-333-2905**