

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 16 AM 10:54

DOCUMENT # **P94000081745 (9)**

1. Corporation Name
NEWPORT PARTNERS IX, INC.

Principal Place of Business 300 INTERNATIONAL PARKWAY SUITE 270 HEATHROW FL 32746	Mailing Address 300 INTERNATIONAL PARKWAY SUITE 270 HEATHROW FL 32746
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/07/1994** 3a. Date of Last Report **na**

4. FEI Number **59-3282636** 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

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

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 S Cahall**
82 Street Address (P.O. Box Number is Not Acceptable) **300 Int'l Parkway**
83 **Ste. 270**
84 City **Heathrow** FL 85 Zip Code **32746**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **3-13-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAHALL, PETER S	1.2 NAME	
STREET ADDRESS	300 INTERNATIONAL PARKWAY, STE. 270	1.3 STREET ADDRESS	
CITY-ST-ZIP	HEATHROW FL 32746	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPISI, JAMES M	2.2 NAME	
STREET ADDRESS	300 INTERNATIONAL PARKWAY, STE. 270	2.3 STREET ADDRESS	
CITY-ST-ZIP	HEATHROW FL 32746	2.4 CITY-ST-ZIP	
TITLE		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		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		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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, and my name and address.

SIGNATURE: *[Signature]* DATE **3-13-95** 407-333-2900