

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

FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000035702 (5)  
1. Corporation Name  
NEWPORT PARTNERS XXIII, INC.



Principal Place of Business: 300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW FL 32746  
Mailing Address: 300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW FL 32746-5028

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

3. Date Incorporated or Qualified: 04/19/1996  
3a. Date of Last Report: 4/19/96  
4. FEI Number: 59-3378673  
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

9. Name and Address of Current Registered Agent  
DANIELS, ALAN H.  
800 NORTH MAGNOLIA AVENUE, 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 Pkwy  
83: Ste 270  
84 City: Heathrow FL 85 Zip Code: 32746

11. Pursuant to the provisions of Sections 607.0412 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] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

|                |                                      |        |
|----------------|--------------------------------------|--------|
| TITLE          | D                                    | DELETE |
| NAME           | CAHALL, PETER S                      |        |
| STREET ADDRESS | 300 INTERNATIONAL PARKWAY, SUITE 270 |        |
| CITY-ST-ZIP    | HEATHROW FL 32746                    |        |
| TITLE          | D                                    | DELETE |
| NAME           | CAMPISI, JAMES M                     |        |
| STREET ADDRESS | 300 INTERNATIONAL PARKWAY, SUITE 270 |        |
| CITY-ST-ZIP    | HEATHROW FL 32746                    |        |
| 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 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 its 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: [Signature] SIGNATURE REQUIRED Date: Daytime Phone #

CR2E034 (9/96)