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

Mailing Address

3441 NW 20TH AVENUE FORT LAUDERDALE FL 33309-5707

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business 3441 NW 20TH AVENUE

FORT LAUDERDALE FL 33309



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 10 1997 8:00am

Secretary of State

3a. Date of Last Report

3. Date Incorporated or Qualified

05/30/1996

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000045746 (0)

NEW CENTURY CONSULTANTS, INC.

2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No Florida Statutes 30 25 29 24 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name DOTSIS, DAMON C 3441 NW 20TH AVENUE Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33309 83 84 City Zip Code 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 obligations of Section 607.0505, Florida Statutes. SIGNATURE Stgrature, typed or protocoran ciol registered agent and title. Capplicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) OFFICERS AND DIRECTORS 13. 12. DELETE 11 TITLE Change THLE DOTSIS, DAMON C 1.2 NAME NAME 3441 NW 20TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33309 1.4 CITY-ST-ZIP CITY - ST - ZIF Change Addition DELETE 2.1 TITLE 101,5 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - S1 - ZIP Addition DELETE ☐ Change TILLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP Dity - St - ZiP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP City-St-ZiP ☐ Change Addition DELETE 5.1 TITLE THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST ZIF Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY-ST-ZIP CHY-ST-ZiP 14. I do hicroby certify that the information supplied with this filling 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 it changed, or on an attachment with an address.