

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

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V52754** (1)

1. Corporation Name
NEWCCN MAINTENANCE, INC.



Principal Place of Business: **100 CENTURY BLVD. WEST PALM BEACH FL 33417**
Mailing Address: **100 CENTURY BLVD. WEST PALM BEACH FL 33417**

3. Date Incorporated or Qualified: **07/22/1992**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **65-0347874**
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
21 **19146 Lyons Road**
Suite, Apt. #, etc.
22
City & State
23 **Boca Raton, FL 33434**
Zip Country
24 Country
25
2a. Mailing Address
26 **19146 Lyons Road**
Suite, Apt. #, etc.
27
City & State
28 **Boca Raton, FL 33434**
Zip Country
29 Country
30

9. Name and Address of Current Registered Agent
JAVEN, JACK
100 CENTURY BLVD.
WEST PALM BEACH FL 33417
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
19146 Lyons Road
83
84 City **Boca Raton,** FL 85 Zip Code **33434**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, H. IRWIN	1.2 NAME	
STREET ADDRESS	100 CENTURY BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, MICHAEL S.	2.2 NAME	
STREET ADDRESS	100 CENTURY BLVD.	2.3 STREET ADDRESS	19146 Lyons Road
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	Boca Raton, FL 33434
TITLE	DVTS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAVEN, JACK	3.2 NAME	
STREET ADDRESS	100 CENTURY BLVD.	3.3 STREET ADDRESS	19146 Lyons Road
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP	Boca Raton, FL 33434
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, MICHAEL A.	4.2 NAME	
STREET ADDRESS	100 CENTURY BLVD	4.3 STREET ADDRESS	19146 Lyons Road
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	Boca Raton, FL 33434
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEDDES, JAMES A.	5.2 NAME	
STREET ADDRESS	100 CENTURY BLVD	5.3 STREET ADDRESS	19146 Lyons Road
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	Boca Raton, FL 33434
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, HAROLD	6.2 NAME	
STREET ADDRESS	100 CENTURY BLVD	6.3 STREET ADDRESS	19146 Lyons Road
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	Boca Raton, FL 33434

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 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 on an attachment with an address.

SIGNATURE: **Jack Jaiven, Vice President (407) 487-9630**
Date: **March 22, 1996**
Day/Time Phone #

CR2E034 (12/95)

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NewCen Maintenance, Inc.
additions to Corporation Annual Report - 1996
Document #V52754

V
Gleeson, Antoinette
19146 Lyons Road
Boca Raton, FL 33434