

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 28 1997 8:00am
Secretary of State

DOCUMENT # P96000096885 (4)

1. Corporation Name

NEW WORLD GAS INC.



Principal Place of Business

C/O 1675 PALM BEACH LAKES BLVD. 7TH FL
WEST PALM BEACH FL 33401

Mailing Address

C/O 1675 PALM BEACH LAKES BLVD. 7TH FL
WEST PALM BEACH FL 33401

2. Principal Place of Business

21

New World Gas Inc.
901 Hypoluxo Rd.
Lantana, FL 33462

22

23

24

2a. Mailing Address

26

New World Gas Inc.
901 Hypoluxo Rd.
Lantana, FL 33462

2

2

2

Zip

Country

Palm Bch

Zip

Country

Palm Bch

g. Name and Address of Current Registered Agent

BALDWIN, FLETCHER N III
NEWBURGH, BALDWIN & GERSHMAN, P.A.
1675 PALM BEACH LAKES BLVD, 7TH FL
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified

11/27/1996

3a. Date of Last Report

4. FEI Number

65-0711001

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 Tae Hee, Kwon

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KWON, TAE H	
STREET ADDRESS	C/O 1675 PALM BEACH LAKES BLVD, 7TH FL	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KWON, YOUNG C	
STREET ADDRESS	C/O 1675 PALM BEACH LAKES BLVD, 7TH FL	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KWON, CHRISTINE	
STREET ADDRESS	C/O 1675 PALM BEACH LAKES BLVD, 7TH FL	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0012303

CR2E034 (9/96)