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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 459820

(7)

NEWPORT OF FLORIDA, INC.

FILED Feb 06 1998 8:00am Secretary of State



1912) 985-1095

Principal Place of Business Mailing Address 6704 MAYBOLE PLACE TEMPLE TERRACE FL 33617 6704 MAYBOLE PLACE TEMPLE TERRACE FL 33617 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/19/1974 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable 59-1549369 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent **B1** Name CHEN, TSONG-MING **6704 MAYBOLE PLACE** 82 Street Address (P.O. Box Number is Not Acceptable) **TEMPLE TERRACE FL 33617** 83 64 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change CHEN, TSONG-MING NAME 12 NAME **6704 MAYBOLE PLACE** STREET ADDRESS 1.3 STREET ADDRESS TEMPLE TERRACE FL CITY-ST-Z#P 1.4 CITY - ST- ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE NAME OHEN, YING-MEI 2.2 NAME **6704 MAYBOLE PLACE** STREET ADDRESS 23 STREET ADDRESS TEMPLE TERRACE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I 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 suppliemental 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.

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