

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

**\* PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # 555747 (5)**

1. Corporation Name

**FRANK D. NEWMAN, P.A.**

Principal Place of Business  
**520 Brickell Key Drive  
#0-305  
Miami, Fl. 33131**

Mailing Address  
**520 Brickell Key Drive  
0-305  
Miami, Fl. 33131**

2. Principal Place of Business  
**21 66 West Flagler Street**  
Suite, Apt. #, etc.  
**22 Suite 700**  
City & State  
**23 Miami, Florida**  
Zip  
**24 33130**

2a. Mailing Address  
**26 66 West Flagler Street**  
Suite, Apt. #, etc.  
**27 Suite 700**  
City & State  
**28 Miami, Florida**  
Zip  
**29 33130**  
Country  
**25 USA**  
**30 USA**

3. Date Incorporated or Qualified  
**1/1/78**

3a. Date of Last Report  
**4/26/95**

4. FEI Number  
**59-1785473**

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

**9. Name and Address of Current Registered Agent**

**Frank D. Newman  
2333 Brickell Avenue  
#407  
Miami, Florida 33129**

**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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P/D</b> <input type="checkbox"/> DELETE	NAME <b>Frank D. Newman</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2333 Brickell Avenue, #407</b>	CITY-ST-ZIP <b>Miami, Florida 33129</b>	1.2 NAME	
TITLE <b>S</b> <input type="checkbox"/> DELETE	NAME <b>Gail B. Newman</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>2333 Brickell Avenue, #407</b>	CITY-ST-ZIP <b>Miami, Florida 33129</b>	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

*Frank D. Newman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/96 305/374-0109**

Date

Daytime Phone #

CR2E034 (12/95)