


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

FILED

May 02 1997 8:00am  
Secretary of State

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|---|--|---|--|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b>  |  |  |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS   |  |
| <b>DOCUMENT # 555747 (5)</b>  |  |   |  |   |  |
| 1. Corporation Name<br><b>FRANK D. NEWMAN, P.A.</b>   |  |   |  |   |  |
| Principal Place of Business<br><b>520 BRICKELL KEY DRIVE, #0-305<br/>MIAMI FL 33131</b>   |  |   | Mailing Address<br><b>520 BRICKELL KEY DRIVE, #0-305<br/>MIAMI FL 33131-2607</b> |   |  |
| 2. Principal Place of Business<br>21 <b>66 West Flagler Street</b><br>Suite, Apt. #, etc.   |  | 2a. Mailing Address<br>26 <b>66 West Flagler Street</b><br>Suite, Apt. #, etc.    |  | 3. Date Incorporated or Qualified<br><b>01/01/1978</b>  |  |
| 22 <b>Suite 700, Concord Bldg.</b><br>City & State  |  | 27 <b>Suite 700, Concord Bldg.</b><br>City & State                                |  | 3a. Date of Last Report<br><b>05/02/1996</b>  |  |
| 23 <b>Miami, Fla.</b><br>Zip Country<br>24 <b>33130</b> 25 <b>USA</b>   |  | 28 <b>Miami, Florida</b><br>Zip Country<br>29 <b>33130</b> 30 <b>USA</b>          |  | 4. FEI Number<br><b>59-1785473</b><br>Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 9. Name and Address of Current Registered Agent<br><b>NEWMAN, FRANK D.<br/>2333 BRICKELL AVE<br/>407<br/>MIAMI FL 33129</b>   |  |   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
|   |  |   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
|   |  |   |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
|   |  |   |  | 10. Name and Address of New Registered Agent  |  |
|   |  |   |  | 81 Name   |  |
|   |  |   |  | 82 Street Address (P.O. Box Number is Not Acceptable)   |  |
|   |  |   |  | 83  |  |
|   |  |   |  | 84 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 _____ DATE _____<br>(NOTE: Registered Agent signature required when reinstating)  |  |   |  |   |  |
| 12. OFFICERS AND DIRECTORS  |  |   |  |   |  |
| 1.1 TITLE <input type="checkbox"/> DELETE   |  |   |  |   |  |
| 1.2 NAME <b>NEWMAN, GAIL B</b>  |  |   |  |   |  |
| 1.3 STREET ADDRESS <b>2333 BRICKELL AVENUE, #407</b>  |  |   |  |   |  |
| 1.4 CITY-ST-ZIP <b>MIAMI FL 33129</b>   |  |   |  |   |  |
| 2.1 TITLE <input type="checkbox"/> DELETE   |  |   |  |   |  |
| 2.2 NAME <b>NEWMAN, FRANK D</b>   |  |   |  |   |  |
| 2.3 STREET ADDRESS <b>2333 BRICKELL AVE. #407</b>   |  |   |  |   |  |
| 2.4 CITY-ST-ZIP <b>MIAMI FL 33129</b>   |  |   |  |   |  |
| 3.1 TITLE <input type="checkbox"/> DELETE   |  |   |  |   |  |
| 3.2 NAME  |  |   |  |   |  |
| 3.3 STREET ADDRESS  |  |   |  |   |  |
| 3.4 CITY-ST-ZIP   |  |   |  |   |  |
| 4.1 TITLE <input type="checkbox"/> DELETE   |  |   |  |   |  |
| 4.2 NAME  |  |   |  |   |  |
| 4.3 STREET ADDRESS  |  |   |  |   |  |
| 4.4 CITY-ST-ZIP   |  |   |  |   |  |
| 5.1 TITLE <input type="checkbox"/> DELETE   |  |   |  |   |  |
| 5.2 NAME  |  |   |  |   |  |
| 5.3 STREET ADDRESS  |  |   |  |   |  |
| 5.4 CITY-ST-ZIP   |  |   |  |   |  |
| 6.1 TITLE <input type="checkbox"/> DELETE   |  |   |  |   |  |
| 6.2 NAME  |  |   |  |   |  |
| 6.3 STREET ADDRESS  |  |   |  |   |  |
| 6.4 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   |  |   |  |   |  |
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| 3.3 STREET ADDRESS  |  |   |  |   |  |
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| 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 supplement to 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 address. |  |   |  |   |  |
| SIGNATURE: <b>FRANK D. NEWMAN</b> 1/25/97 305/374-0109  |  |   |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   |  |   |  |



CR2E034 (9/96)