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FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

66 WEST FLAGLER ST.  
STE. 700. CONCORD BLDG.  
MIAMI FL 33130  
US

Mailing Address

66 WEST FLAGLER ST.  
STE. 700. CONCORD BLDG.  
MIAMI FL 33130  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1978

4. FEI Number

59-1785473

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 66 W. Flagler St.

Suite, Apt. #, etc.

22 Ste. #700, Concord B.

City & State

23 Miami, FL

Zip

24 33130

Country

25 USA

2a. Mailing Address

26 66 W. Flagler St.

Suite, Apt. #, etc.

27 Ste. #700, Concord Bldg

City & State

28 Miami, FL

Zip

29 33130

Country

30 USA

9. Name and Address of Current Registered Agent

NEWMAN, FRANK D.  
2333 BRICKELL AVE  
407  
MIAMI FL 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

TITLE S ☐ DELETE

NAME NEWMAN, GAIL B  
STREET ADDRESS 2333 BRICKELL AVENUE, #407  
CITY-ST-ZIP MIAMI FL 33129

TITLE PD ☐ DELETE

NAME NEWMAN, FRANK D  
STREET ADDRESS 2333 BRICKELL AVE. #407  
CITY-ST-ZIP MIAMI FL 33129

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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*

4/29/98

305/374-0109

CR2E034 (10/97)