## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE

CORPORATION **ANNUAL REPORT** 1996



Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F31526

(9)

**NEW ERA SERVICES, INC.** 

Principal Place of Business Mailing Address									
2145 W DAVII SUITE 104 FT LAUDERDA		SUITE 104	2145 W DAVIE BLVD SUITE 104 FT LAUDERDALE FL 33312			3. Date Incorporated or Qualified 04/21/1981	3a. Date of 05/01	Last Report	
	(0)	On Mailing Address				4. FEI Number	1 00/01/	Applied For	
	ace of Business	2a, Mailing Address				59-2068490		Not Applicable	
21		26				39-2000490			
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc				5. Certilicate of Status Desired	1 1 7	8.75 Additional Fee Required	
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		55.00 May Be Added to Fees	
Zip	Country	Zip	Cou	untry	<del></del>	8. This corporation has liability for i	ntangib'e tax u	nder s. 199 032.	
24	25	29	30			Florida Statutes	Yes No		
241	11			Γ		10. Name and Address of New Re	gistered Agen	t	
Name and Address of Current Registered Agent					81 Name				
HA	JUBENSTOCK, STEVEN								
2145 W DAVIE BLVD. #104				82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
FT. LAUDERDALE FL 33312									
				84			85	Zip Code	
				04	City		FL  °	2 ip 00dc	
SIGNATURE	Signature typed or printed name of registered a	gent and title if applicable	(NOTE Registere	o Ag	ent signative requi	red when reinslating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	PVST	DELET	E 1.1 T	ITLE			LJ	Change Additio	
NAME	HAUBENSTOCK, STEVEN I	3	121	IAME					
STREET ADDRESS	2522 PRINCETON COURT		135	STREE	T ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		140	OITY -	ST - 21P				
TITLE		DELET	E 211	IITLE				Change Additio	
NAME			221	IAME					
STREET ADDRESS			235	STREE	T ADDRESS				
CITY-SI-ZIP					-ST-ZIP				
THTLE		DELE1		TITLE	J. I.			Change Additio	
NAME			327	NAME					
					ET ADORESS				
STREET ADDRESS									
CITY - ST - ZIP		DELET		CHY:	- ST · ZIP			Change Additio	
TITLE					1		لــا		
NAME				NAME					
STREET ADDRESS					et address				
CITY-ST-ZIP					ST-ZIP			Charac Laster	
TITLE		DEFE.	1	IIILE	l l			Change Addit o	
(			5.0						

5.3 STREET ADDRESS

63 STREET ADDRESS

5 4 City - ST - ZIP

61 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

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 617. Florida Statutes: and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address. 954 5810193

Change Addition