

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

PROFIT
CORPORATION
ANNUAL REPORT



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

1996 3-11-96

B-2082 C

DOCUMENT # F95000004678 (7)

1. Corporation Name

NEWMARKET STRATEGIC DEVELOPMENT CORP.



Principal Place of Business

Mailing Address

102 N.E. 2ND STREET, SUITE 193
BOCA RATON FL 33432

102 N.E. 2ND STREET, SUITE 193
BOCA RATON FL 33432

3. Date Incorporated or Qualified

09/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARTER, DAVID A
355 W. PALMETTO PARK ROAD
BOCA RATON FL 33432

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

City

84

State

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

Alfred M. Schifffrin

Alfred M. Schifffrin, Pres.

3/5/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PC
GUSRAE, BERT L
102 NE 2ND STREET, SUITE 193
BOCA RATON FL 33432

☒ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

- DELETE -

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DV
SCHIFFFRIN, ALFRED M
102 NE 2ND STREET, SUITE 193
BOCA RATON FL 33432

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

Pres, Dir

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DST
CARTER, DAVID A
102 NE 2ND STREET, SUITE 193
BOCA RATON FL 33432

☒ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

- DELETE -

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DV
LASALA, ALICIA M
102 NE 2ND STREET, SUITE 193
BOCA RATON FL 33432

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☒ Change ☐ Addition

Secy/Treas, Dir

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DV
MILLER, BRUCE E
102 NE 2ND STREET, SUITE 193
BOCA RATON FL 33432

☒ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

- DELETE -

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

Alfred M. Schifffrin

3/5/96

(407) 393-7251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alfred M. Schifffrin, Pres.

CR2E034 (12/95)