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Jan 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000004678 (7)

1. Corporation Name  
NEWMARKET STRATEGIC DEVELOPMENT CORP.



Principal Place of Business: 102 N.E. 2ND STREET, SUITE 193 BOCA RATON FL 33432  
Mailing Address: 102 N.E. 2ND STREET, SUITE 193 BOCA RATON FL 33432-3908

3. Date Incorporated or Qualified: 09/26/1995  
3a. Date of Last Report: 03/11/1996  
4. FEI Number: 65-0602729  
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

2. Principal Place of Business  
21 Suite, Apt #, etc.  
22 City & State  
23 Zip  
24 Country  
25

2a. Mailing Address  
26 Suite, Apt #, etc.  
27 City & State  
28 Zip  
29 Country  
30

9. Name and Address of Current Registered Agent

SCHIFFIN, ALFRED M.  
102 NE 2ND STREET  
SUITE 193  
BOCA RATON FL 33432

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: FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE: PD  
NAME: SCHIFFRIN, ALFRED M.  
STREET ADDRESS: 102 NE 2ND STREET, SUITE 193  
CITY-ST-ZIP: BOCA RATON FL  
[ ] DELETE

TITLE: DTS  
NAME: LASALA, ALICIA M.  
STREET ADDRESS: 102 NE 2ND STREET, SUITE 193  
CITY-ST-ZIP: BOCA RATON FL  
[ ] DELETE

TITLE: [ ] DELETE  
NAME: [ ]  
STREET ADDRESS: [ ]  
CITY-ST-ZIP: [ ]

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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 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 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, unchanged, or on an attachment with an address.

SIGNATURE: Alfred M. Schiffin, Pres. 1/23/97 (561) 393-7251  
DATE: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (9/96)