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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600000236 (7)

D & M NEWMAN ENTERPRISES INC.

	F	ILED	)
May	13	1998	8:00am
Sec	cret	ary of	State

Principal Place of Busin	©\$ <b>&gt;</b>	Mailing Address					r cabirda sur rano anni anni anni abiri abir
360 WATSON ST WES	T	SAME					,
SUITE 105 WHITEY ON LIN \$2	Luiada	WHITBY, ONTARIO CANADA LIN 1N5					DO NOT WRITE IN THIS SPACE
	LN992	US					3. Date Incorporated or Qualified
	CAMANA						01/12/1996
2. Principal Place of Bu		2a. Mailing Address	G				4. FEI Number Applied For
21	n Street W.	26 360 Watson	Stre	et	W .		98-0134512 Not Applicable
Sulte, Apt. #, etc. 22 Suite 105		Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional
City & State 105		27 Suite 105 City & State					Fee Required
23 Whitby, O	ntario	28 Whitby, Onto	aria				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip		untry	;		This corporation owes or has paid the current year Intangible
24 L1N 9G2	25 Canada	29 L1N 9G2	30 C	ana	ıda		Personal Property Tax due June 30.  Yes  No
9. Nar	ne and Address of Current	Registered Agent		Ι.,	,		10. Name and Address of New Registered Agent
GRIMES, M				81	Na	ıme	
200 S. OR/				62	Str	eet Addr	fress (P.O. Box Number is Not Acceptable)
SARASOTA	FL 34236				<u> </u>		
				63			
				64	Cit	У	85 Zip Code
11. Pursuant to the pro	visions of Sections 607 0502	and 607 1508 Florida Statu	tae tha e	bovo		med corp	poration submits this statement for the purpose of changing its registered
office or registered	agent, or both, in the State of	t Florida. Such change was	authorize	ed by	the:	corporati	tion's board of directors. I hereby accept the appointment as registered
_	with, and accept the obligat	ions of, Section 607.0505, F	ionda Sta	nutes	3.		
SIGNATURE Signalure, lyi	ped or printed name of registered agent	and title if applicable (NO	It: Aegistere	of Aper	ent sign	nature require	ired when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DP		DELETE	1.1 (	ITLE			☐ Change ☐ Addition
NAME NEW!	MAN, DESMOND G WATSON ST W (よいは BY ON <b>と/ハ タ</b> ら2	F 1.5	1.2 N	IAME			
STREET ADDRESS U360	WAISON SI W (A) (A)	* (05)	1.3 S	TREFT	ADDR	ESS	
CITY-ST-ZIP YYTHII	BY UN LIN 992	-AMAZA		ITY-SI	T-ZIP		
TITLE		L DELETE	2.1 T			İ	Change Addition
NAME Street Address			2.2 N		4000	roe l	
CITY-ST-ZIP				TREET A			
TITLE		DELETE	3.1 T		)1 - £4F	-	Change Addition
NAME			3.2 N				
STREET ADDRESS				TREET	ADDRI	ESS	
CITY-ST-ZIP				CITY-SI			
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NAME			4.21	NAME			
STREET ADDRESS			4.3 \$	TREET	ADORE	SS	
CITY-ST-ZIP				ITY-ST	T-ZIP		
TITLE		☐ DELETE	5.1 TI				☐ Change ☐ Addition
NAME			5.2 N				
STREET ADDRESS				TREE1 A		SS	
CITY-ST-ZIP TITLE	<del></del>	DELETE	5.4 C 6.1 TI	ITY-ST	I - ZIP		☐ Change ☐ Addition
NAME			6.1 H				Change Monitor
STREET ADDRESS				AME TREET A	ADDer	28	
CITY-ST-ZIP				ITY-ST		-00	
14. I hereby certify that	the information supplied with	this filing does not qualify f	or the exi	empli	lion s	stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated on this an officer or director of	nual report or supplemental : the corporation or the receiv	annual report is tru <b>e and a</b> ct rer or trustee emp <b>owe</b> red to	curate ani	d tha	a! mv	r sionaturi	ure shall have the same legal effect as if made under oath; that I am an uired by Chapter 607, Florida Stalutes; and that my name appears in
Block 12 or Block 1	3 if changed, or on an attach	ment with an addres					
	Mary	MALL RAS	:1 1	سرا	<b>)</b>	CAL	NEWANNAL STATE OF CAPTURE