

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90110 021 ***150.00

0440356

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F97440

1. Corporation Name
NEW CITY SERVICES INC.

Principal Place of Business
1704 SAVONA PARKWAY
CAPE CORAL FL 33904

Mailing Address
1704 SAVONA PARKWAY
CAPE CORAL FL 33904



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 14341 Harbourlinks Ct		26 14341 Harbourlinks Ct		08/30/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Unit C		27 Unit C		59-2214705	
City & State		City & State		Applied For	
23 FT Myers FL		28 FT Myers FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24 33908		29 33908		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing <input type="checkbox"/>	
25 USA		30 USA		Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SCHAFFT LOU 1704 SAVONA PARKWAY CAPE CORAL FL 33904		81 Name SCHAFFT Lou 82 Street Address (P.O. Box Number is Not Acceptable) 14341 Harbourlinks Ct 83 Unit C 84 City FT Myers FL 85 Zip Code 33908	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFFT, LUDWIG	1.2 NAME	SCHAFFT Ludwig
STREET ADDRESS	1704 SAVONA PARKWAY	1.3 STREET ADDRESS	14341 Unit C Harbourlinks Ct
CITY-ST-ZIP	CAPE CORAL, FL 00000	1.4 CITY-ST-ZIP	FT Myers FL 33908
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFFT, JUDITH	2.2 NAME	SCHAFFT JUDITH
STREET ADDRESS	1704 SAVONA PARKWAY	2.3 STREET ADDRESS	14341 Harbourlinks Ct
CITY-ST-ZIP	CAPE CORAL, FL 00000	2.4 CITY-ST-ZIP	FT Myers FL 33908
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres 3-17-99 941 542-3044

CR2E034 (11/98)