

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G14390 (0)**  
1. Corporation Name  
**NEW HOMESTEAD DEVELOPMENT COMPANY, INC.**



Principal Place of Business: **405 RIVER RD PISCATAWAY NJ 08854**  
Mailing Address: **405 RIVER RD PISCATAWAY NJ 08854**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **12/21/1982**  
3a. Date of Last Report: **05/01/1995**  
4. FLI Number: **59-2258595**  
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

9. Name and Address of Current Registered Agent  
**ANDERSON, MARLIN  
3917 VERSAILLES DR.  
TAMPA FL 33634**

10. Name and Address of New Registered Agent  
81 Name: **Dr. David Singer**  
82 Street Address (P.O. Box Number is Not Acceptable): **24 Winston Drive**  
83 City: **Belleair**  
84 City: **Belleair** FL 85 Zip Code: **34616**

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]* **Dr. David Singer**  
DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SINGER, DAVID S.	
STREET ADDRESS	405 RIVER ROAD	
CITY-ST-ZIP	PISCATAWAY NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VENEGAS, DIANA	
STREET ADDRESS	1331 ENCINITAS BLVD., STE. 29	
CITY-ST-ZIP	ENCINITAS CA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SINGER, DAVID S.	
STREET ADDRESS	405 RIVER ROAD	
CITY-ST-ZIP	PISCATAWAY NJ	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SINGER, DAVID S.	
STREET ADDRESS	405 RIVER ROAD	
CITY-ST-ZIP	PISCATAWAY NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SINGER, BERNARD	
STREET ADDRESS	405 RIVER RD	
CITY-ST-ZIP	PISCATAWAY NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Singer, David S.	
13 STREET ADDRESS	24 Winston Drive	
14 CITY-ST-ZIP	Belleair, FL 34616	
21 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Venegas, Diana	
23 STREET ADDRESS	24 Winston Drive	
24 CITY-ST-ZIP	Belleair, FL 34616	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Singer, Ruth	
43 STREET ADDRESS	405 River Road	
44 CITY-ST-ZIP	Piscataway, NJ 08854	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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)(g), 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 as an attachment with an address.

SIGNATURE: *[Signature]* **Dr. David Singer** April 1, 1996 813-585-3398  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)