

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H06268 (7)**

1. Corporation Name

NEWTON INDUSTRIES (BOCA RATON), INC.



Principal Place of Business

Mailing Address

8054 EASTLAKE DR 8-B
BOCA RATON FL 33433-2114

8054 EASTLAKE DR 8-B
BOCA RATON FL 33433-2114

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/04/1984

3a. Date of Last Report

03/06/1995

4. FET Number

04-2839048

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

STEINBERG, MELVYN A.
8054 EASTLAKE DR 8B
BOCA RATON FL 33433 -2114

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0932 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent 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 607.0905, Florida Statutes.

SIGNATURE

Signature of person or persons changing the registered agent

(If the Registered Agent of Signature is not of Florida State)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	T	STROYMAN, SUMNER	CHANGE DELETE
2. NAME		13724 SAND CRANE DRIVE	
3. STREET ADDRESS		PALM BEACH GDNS FL	33418
4. CITY-STATE-ZIP			
5. TITLE	P	STEINBERG, MELVYN A.	CHANGE DELETE
6. NAME		8270 VISTA DEL LAGO 8054 EASTLAKE DR	
7. STREET ADDRESS		BOCA RATON, FL	
8. CITY-STATE-ZIP		BOCA RATON, FL	33433 -2114
9. TITLE			
10. NAME			
11. STREET ADDRESS			
12. CITY-STATE-ZIP			
13. TITLE			
14. NAME			
15. STREET ADDRESS			
16. CITY-STATE-ZIP			
17. TITLE			
18. NAME			
19. STREET ADDRESS			
20. CITY-STATE-ZIP			

1. TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME			
3. STREET ADDRESS			
4. CITY-STATE-ZIP			
5. TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME			
7. STREET ADDRESS			
8. CITY-STATE-ZIP			
9. TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME			
11. STREET ADDRESS			
12. CITY-STATE-ZIP			
13. TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME			
15. STREET ADDRESS			
16. CITY-STATE-ZIP			
17. TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME			
19. STREET ADDRESS			
20. CITY-STATE-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)(k), Florida Statutes. I further certify that the information included 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 appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melvin A. Steinberg

2/19/96 1-407-483-2112

CR2E034 (12/95)