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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H06268

NEWTON INDUSTRIES (BOCA RATON), INC.

| Principal Place of Business | |
|--|--|
| 8054 EASTLAKE DR 8-B BOCA RATON FL 33433-2114 | |

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90048 036 ***150.00



| | | | | | | DIQII BEDIE BICEL DIQII | OCOLO BEDEL LOCAL |
|---|--|--------------------------------------|---|--|--|-------------------------|---------------------------------------|
| Principal Place | e of Business | Mailing Address | | | | | |
| 8054 EASTLAKI BOCA RATON | | 8054 EASTLAKE DR BOCA RATON FL 33 | | | NOT | T. #0 00405 | |
| | | | | | DO NOT WRITE IN | THIS SPACE | |
| | | | | | 3. Date incorporated or Qualifed 06/04/1984 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | s | - | 4. FEI Number | A | pplied For |
| 21 | | 26 | | | 04-2839048 | N | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, et | tc. | | 5. Certificate of Status Desired | | Additional |
| 22 | | 27 | | | 5. Certificate of Status Desired | Fee R | equired |
| | City & State City & State | | 6. Election Campaign Financing | \$5.00 | May Be | | |
| 23 | | 28 | | | Trust Fund Contribution | Added | |
| Zip | Country | Zip | Co | untry | 8. This corporation owes the current ye | | · |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | X_xes | □No |
| | 9. Name and Address of Current | t Registered Agent | | | 10. Name and Address of New Regist | ered Agent | |
| | | | | 81 Name | | | |
| | INBERG, MELVYN A. | ita . | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) | | |
| | FASTLAKE DR 8B | • • | | JE STEEL AUG | THE RESERVE OF THE PROPERTY OF | # 44 Perl #33 | * * * * * * * * * * * * * * * * * * * |
| вос | A RATON FL 33433 | | | 83 | 网络拉克斯 斯斯斯 | | |
| | | | | 84 City | | FL 85 Zip | Code |
| 11 Pureuant | to the provisions of Sections 607 0500 | 2 and 607.1508. Florida | Statutes, the | above-named corp | poration submits this statement for the purpo | se of changing it | s registered |
| office or r | egistered agent, or both, in the State of familiar with, and accept the obligation | of Florida. Such change | was authorize | ed by the corporation | on's board of directors. I hereby accept the | appointment as r | egistered |
| SIGNATURE | | | | | <u> </u> | | |
| | Signature, typed or printed name of registered agen | | | | ad when reinstating) · ; ; ; ; ; DA | | ODS IN 12 |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICE | Change | |
| TITLE | | ☐ DELE | | TITLÉ | elle mermong ett har toget de soo | C Change | |
| NAME | STROYMAN, SUMNER | | | NAME | | N 1 | |
| STREET ADDRESS | | | 1.3 8 | STREET ADDRESS | | | • |
| CITY-ST-ZIP | PALM BEACH GDNS FL | | | CITY-ST-ZIP | | <u> </u> | |
| TITLE | P | ☐ DELE | ETE 2.17 | TITLE | | | ☐ Addition |
| NAME | STEINBERG, MELVYN A. | | | ı | | ☐ Change | _ , |
| STREET ADDRESS | | | 2.2 ! | NAME | | ☐ Change | |
| CITY-ST-ZIP | 8054 EASTLAKE DR. | | | NAME STREET ADDRESS | | ☐ Change | - . |
| | 8054 EASTLAKE DR. BOCA RATON FL | | 2.3 \$ | | | ☐ Change | |
| TITLE | | ☐ DELU | 2.3 S 2. 4 | STREET ADDRESS | | ☐ Change | |
| | | C] DELL | 2.3 S 2.44 ETE 3.11 | STREET ADDRESS CITY-ST-ZIP | | | |
| NAME | BOCA RATON FL | ☐ DELE | 2.3 S 2.4 ETE 3.1 I 3.2 N | STREET ADDRESS CITY-ST-ZIP TITLE | | | |
| NAME STREET ADDRESS | BOCA RATON FL | ☐ DELI | 2.3 S 2.4 ETE 3.11 3.2 N 3.3 S | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | BOCA RATON FL | ☐ DELI | 2.3 \$ 2.4 ETE 3.11 3.21 3.3 \$ 3.4. | STREET ADDRESS CITY-ST-ZIP TITLE NAME | | Change | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | BOCA RATON FL | | 2.3 \$ 2.4 ETE 3.1 1 3.2 N 3.3 \$ 3.4 ETE 4.11 | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change | ☐ Addition |
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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