

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

• PROFIT
• CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H77086** (7)

1. Corporation Name

NEWPORT OPERATING CORPORATION



Principal Place of Business

**3850 HOLLYWOOD BLVD SUITE #400
HOLLYWOOD FL 33021**

Mailing Address

**3850 HOLLYWOOD BLVD SUITE #400
HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified
09/20/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-2581182

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORNFELD, ROBERT
3850 HOLLYWOOD BLVD SUITE #400
HOLLYWOOD FL 33021**

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 607.0502 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 (if applicable)

(If title Registered Agent signature required, also print title)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	CORNFELD, ROBERT	
STREET ADDRESS	3850 HOLLYWOOD BLVD #400	
CITY-STATE-ZIP	HOLLYWOOD FL	
TITLE	VPD	☐ DELETE
NAME	CORNFELD, JEFFERY	
STREET ADDRESS	3850 HOLLYWOOD BLVD, 400	
CITY-STATE-ZIP	HOLLYWOOD FL	
TITLE	VP	☐ DELETE
NAME	COX, WILLIAM	
STREET ADDRESS	3850 HOLLYWOOD BLVD., #400	
CITY-STATE-ZIP	HOLLYWOOD FL	
TITLE	VP	☒ DELETE
NAME	BUCHET, EDWARD	
STREET ADDRESS	3850 HOLLYWOOD BLVD., #400	
CITY-STATE-ZIP	HOLLYWOOD FL	
TITLE	VP	☐ DELETE
NAME	PHELPS, WILLIAM	
STREET ADDRESS	3850 HOLLYWOOD BLVD., #400	
CITY-STATE-ZIP	HOLLYWOOD FL	
TITLE	VP	☐ DELETE
NAME	LOPEZ, RENE	
STREET ADDRESS	3850 HOLLYWOOD BLVD., #400	
CITY-STATE-ZIP	HOLLYWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Cornfeld

4/29/30

(954)

989-2200

Date Filed

CR2E034 (12/95)