FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H77223** **(6)**

1. Corporation Name

NEWTON ENTERPRISES, INC.

Principal Place of Business
4241 116TH TERRACE NO.
CLEARWATER FL 34622-1957

Mailing Address
4241 116TH TERRACE NO.
CLEARWATER FL 34622-1957

3. Date Incorporated or Qualified: **09/23/1985**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **59-2587367** [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [XX] **$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 [XX] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

NEWTON, CHARLES L.
2613 HERON LANE
CLEARWATER FL 34622

10. **Name and Address of New Registered Agent**

81 Name: JAMES H. NEWTON, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 1639 Cobble Court.
83
84 City: Palm Harbor FL 85 Zip Code: 34683

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] JAMES H. NEWTON, JR. PDC (NOTE: Registered Agent's signature required when changing) DATE: 4-3-96

12. OFFICERS AND DIRECTORS

TITLE	PDC	[X] DELETE
NAME	NEWTON, CHARLES	
STREET ADDRESS	2613 HERON LANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DV	[ ] DELETE
NAME	NEWTON, CHARLES, JR.	
STREET ADDRESS	2613 HERON LANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DS	[X] DELETE
NAME	NEWTON, JUDITH A.	
STREET ADDRESS	2613 HERON LANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DCH	[ ] DELETE
NAME	NEWTON, J. HAROLD JR.	
STREET ADDRESS	2613 HERON LANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDC	[X] Change [ ] Addition
1.2 NAME	JAMES H. NEWTON, JR.	
1.3 STREET ADDRESS	1639 Cobble Ct.	
1.4 CITY-ST-ZIP	Palm Harbor, FL. 34683	
2.1 TITLE	DVT	[ ] Change [X] Addition
2.2 NAME	JAME H. NEWTON, SR.	
2.3 STREET ADDRESS	4684 Rivers Edge	
2.4 CITY-ST-ZIP	Troy, MI 48098	
3.1 TITLE	DVS	[X] Change [ ] Addition
3.2 NAME	Charles L. NEWTON, Jr.	
3.3 STREET ADDRESS	3413 Briarwood LN	
3.4 CITY-ST-ZIP	Safety Harbor, FL 34695	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE: 4-3-96 — DAYTIME PHONE: (813)572-4211

CR2E034 (12/95)