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

PROFIT **CORPORATION** ANNUAL REPORT



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

1996

H97042 **DOCUMENT #**

(6)

NEW DAWN CORPORATION

Principal Place of Business Mailing Address

3002 HARGETT LANE

3002 HARGETT LANE SAFETY HARROR FL 34695



	50H PL 34090			FETT HANDON FE S	+030							
.U\$			U\$					3. Date Incorporated or Qualified 01/30/1986	3a. C	Date of L 03/17	/199	5
2. Principal Pla	ce of Business		2a. M	falling Address				4. FEI Number				pplied For
1 SAME	AS ABOV	1E	26	SAME AS	AE	sov	<u>E</u>	59-2664553			ــــــــــــــــــــــــــــــــــــــ	lot Applicable
	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State				City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
3			28		1 0	ountry		This corporation has liability for	intangitu			
Zip ·	Zip Country			Zip Country 30				Florida Statutes Yes No				
1		iress of Current F		red Agent	30	т_		10. Name and Address of New	Registe	red Age	nt	
	9, Ivallie allo Acc	Aces of Oblient	ogisto	rea rigent		81	Name					
									, , ,			
	r, o. Stephen Wing ave.				82 Street Address (P.O. Box Number is Not Acceptable)							
	ATER FL 34616				83	3						
						84	City			FL 8	5 Zip	Code
		-1' 007 OF CO	4.607	1500 Florido Statuto	oc the s	hove:	named corpo	oration submits this statement for the purert of directors. Thereby accept the an	Jroose o	f changir	o its re	egistered offic
or registere familiar wit	ed agent, or both, in t h, and accept the ob	me State of Florida.	SUCH C	nande was authorize	eu by un	e corp	oration's boa	and of directors. I hereby accept the ap	,Qiri(riis)	ii aa regi	310100	agom: ram
GNATURE _	Signature, typed or printed na						nt signature requir	ed when reinstating: ADDITIONS/CHANGES TO OF	DA:		RECTO	RS IN 12
2.		OFFICERS AND I	DIRECT		13			ADDITIONS/CHANGES TO OF	FIGERS		hange	□ Addition
TITLE	D			☐ DELETE	- 6	1 TITLE					nunge	
NAME	CARPENTER-S	MALL, MILLIE			1.2	NAME						
STREET ADDRESS	3002 HARGET	t lanesouth			1.3	STREE	1 ADDRESS					
CITY-ST-ZIP	SAFETY HARB	OR FL			1.4	4 CITY -	ST-ZIP					☐ Addition
TITLE	D			☐ DELETE	2.	1 TITLE				□ c	nanye	Muddlon
NAME	CARPENTER, I	Brenda			2.	2 NAME						
STREET ADDRESS	2845 CHELSE/	A PL SOUTH			2:	3 STREE	T ADDRESS					
CITY-ST-ZIP	CLEARWATER	FL			2	4 CITY-	ST-ZIP				16	The Address
TITLE				□ DEFELE	3.	1 TITLE				Цι	hange	☐ Addition
NAME					3.	2 NAME						•
STREET ADDRESS					3.	3 STRE	E1 ADORESS					
CITY-ST-ZIP			_		3.	4 CITY-	ST-ZIP					TTO A LUCY
TITLE				□ DELETE	4.	1 TITLE	1			Пг	hange	Addition
NAME					4.	2 NAME						
STREET ADDRESS					4.	3 STREE	T ADDRESS					
CITY - ST - ZIP					4.	4 CITY -	ST-ZIP					
TITLE	† · · · · · · · · · · · · · · · · · · ·			☐ DELETE	5.	1 TITLE					Change	☐ Addition
NAME					5	2 NAME						
STREET ADDRESS					5	3 STRE	ET ADDRESS					
CITY-ST-ZIP					5	4 City-	ST-ZIP					
TITLE	 			DELETE		1 TITU					Change	Addition
				_	- 1							
					6	2 NAMI						
NAME							Į.					
NAME STREET ADDRESS					6	3 STRE	ET ADDRESS	y for the exemption stated in Section 1				

certify that the information indicated on this annual report or supplemental annual report as 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 problems 13 if changed, or on an attachment with an address.

SIGNATURE:

MARCH. 14, 1994 725.7373