

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 10:25

DOCUMENT # L56161 (7)

1. Corporation Name

NEWLANDS DESIGN GROUP INCORPORATED

Principal Place of Business

Mailing Address

% RAWORTH N. WALL
P.O. BOX 19971
WEST PALM BEACH FL 33416

% RAWORTH N. WALL
P.O. BOX 19971
WEST PALM BEACH FL 33416

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1990

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0190557

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

7. This corporation has liability for integrity fees under S. 135.002,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 7620 CLARKE RD

2a. Mailing Address

26 7620 CLARKE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 WEST PALM BEACH

City & State

28 WEST PALM BEACH

24 FL 33406

Country

29 FL 33406

Country

9. Name and Address of Current Registered Agent

WALL, RAWORTH N.
7620 CLARKE ROAD
LAKE CLARKE SHORES FL 33406

10. Name and Address of New Registered Agent

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 and title of incorporator)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRE
NAME	WALL, RAWORTH N
STREET ADDRESS	P. O. BOX 19971 N/A
CITY, ST, ZIP	WEST PALM BEACH FL
TITLE	ST
NAME	WALL, MONICA R
STREET ADDRESS	P. O. BOX 18871 N/A
CITY, ST, ZIP	WST PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
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 supplementary 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:

RAWORTH N. WALL PRESIDENT

16 APRIL 1995

(Date)

(Signature Name)