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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **L56161** **(7)**

1. Corporation Name
NEWLANDS DESIGN GROUP INCORPORATED

Principal Place of Business	Mailing Address
7620 CLARKE RD P.O. BOX 19971 WEST PALM EBACH FL 33406 US	7620 CLARKE RD P.O. BOX 19971 WEST PALM EBAHC FL 33406-8710 US

3. Date Incorporated or Qualified: 03/06/1990
3a. Date of Last Report: 07/17/1996

2. Principal Place of Business
21 229 REX Court
Suite, Apt. #, etc.
22 PALM Springs
City & State
23 Florida
Zip 24 33461 Country 25 USA

2a. Mailing Address
26 P.O. BOX 19971
Suite, Apt. #, etc.
27 WEST PALM BEACH,
City & State
28 Florida
Zip 29 33416 Country 30 USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 N/A (Same)
82 Street Address (P.O. Box Number is Not Acceptable) 229 REX COURT
83 PALM Springs
84 City Palm Springs, FL 85 Zip Code 33461

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRE	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WALL, RAWORTH N		1.2 NAME		
STREET ADDRESS	P. O. BOX 19971 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BACH FL		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WALL, MONICA R		2.2 NAME		
STREET ADDRESS	P. O. BOX 18871 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	WST PALM BEACH, FLF		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Monica R. Wall (MONICA R. WALL) 4-3-97 561-967-4810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #