

**FILE NOW: FILING FEE AFTER MAY 1 IS \$150.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**DOCUMENT # N93000000191 (7)**

1. Corporation Name  
**A NEW APPROACH, INC.**

95 MAY -1 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**6165 BELLEZA LANE  
BOCA RATON FL 33433**

Mailing Address  
**P.O. BOX 3732  
BOYNTON BEACH FL 33424**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/15/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0382697** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

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

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent  
**SOLKIN, SUZU  
6165 BELLEZA LANE  
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOLKIN, SUZU</b>	12 NAME	
STREET ADDRESS	<b>6165 BELLEZA LANE</b>	13 STREET ADDRESS	
CITY, ST, ZIP	<b>BOCA RATON FL 33433-Q</b>	14 CITY, ST, ZIP	
TITLE	<b>D</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENDERSON, LORRIE</b>	22 NAME	
STREET ADDRESS	<b>POST OFFICE BOX 18812</b>	23 STREET ADDRESS	
CITY, ST, ZIP	<b>WEST PALM BEACH FL 33416</b>	24 CITY, ST, ZIP	
TITLE	<b>D</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOLKIN, W W.</b>	32 NAME	
STREET ADDRESS	<b>6165 BELLEZA LANE</b>	33 STREET ADDRESS	
CITY, ST, ZIP	<b>BOCA RATON FL 33433</b>	34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment, with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 407-737-4808  
TAM