

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000000191 (7)**

1. Corporation Name
A NEW APPROACH, INC.



Principal Place of Business: **6165 BELLEZA LANE BOCA RATON FL 33433**
Mailing Address: **P.O. BOX 3732 BOYNTON BEACH FL 33424**

3. Date Incorporated or Qualified: **01/15/1993**
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc	26. P.O. Box 1380	65-0382697	Not Applicable
23. City & State	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Bartow, FL	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. 33831	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30. USA			

9. Name and Address of Current Registered Agent	81. Name	10. Name and Address of New Registered Agent
SOLKIN, SUZU 6165 BELLEZA LANE BOCA RATON FL 33433	82. Street Address (P.O. Box Number is Not Acceptable)	
	83.	
	84. City	85. Zip Code
	FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **2/4/96**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLKIN, SUZU	1.2 NAME	Solkim, Suzu
STREET ADDRESS	6165 BELLEZA LANE	1.3 STREET ADDRESS	P.O. Box 1380
CITY-ST-ZIP	BOCA RATON FL 33433-0	1.4 CITY-ST-ZIP	Bartow, FL 33831
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, LORRIE	2.2 NAME	N/A
STREET ADDRESS	POST OFFICE BOX 18812	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33416	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLKIN, W W	3.2 NAME	
STREET ADDRESS	6165 BELLEZA LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **2/4/96** **941-533-0266**
Signature typed or printed name of signing officer or director Date Day/Time Phone #

CR2E037 (12/95)