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FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N95000000763 (1)

1. Corporation Name
WESTON NEWCOMERS, INC.

Principal Place of Business	Mailing Address
1011 HIGHLAND MEADOW DRIVE WESTON FL 33327	1011 HIGHLAND MEADOW DRIVE WESTON FL 33327

3. Date Incorporated or Qualified: 02/15/1995

4. FEI Number: 65-0558676 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2530 Jardin Dr.	26 2530 Jardin Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Weston, FL	28 Weston, FL
24 Zip 33327-1516 25 Country USA	29 Zip 33327-1516 30 Country USA

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LONSWAY, PAULA 580 CARRINGTON DRIVE FT LAUDERDALE FL 33326	81 Name: Sylvia Kaphan 82 Street Address (P.O. Box Number is Not Acceptable): 2530 Jardin Dr. 83 84 City: Weston FL 85 Zip Code: 33327-1516

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: Sylvia Kaphan DATE: 4/30/98
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	T	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	STERMER, MATT		1.2 NAME	Sylvia Kaphan	
STREET ADDRESS	552 TALAVERA RD		1.3 STREET ADDRESS	2530 Jardin Drive	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	Weston, FL 33327-1516	
TITLE	T	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	LONSWAY, PAULA		2.2 NAME	Lynne Weis	
STREET ADDRESS	580 CARRINGTON DR		2.3 STREET ADDRESS	1436 Meadows Blvd.	
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	Weston, FL 33327	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	DOMBROWSKI, FRANK		3.2 NAME	Jack Weis	
STREET ADDRESS	1011 HIGHLAND MEADOWS DRIVE		3.3 STREET ADDRESS	1436 Meadows Blvd.	
CITY-ST-ZIP	WESTON FL		3.4 CITY-ST-ZIP	Weston, FL 33327	
TITLE	T	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROUSE, LINDA		4.2 NAME		
STREET ADDRESS	15908 W SR 84		4.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		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		

CR2E037 (10/97)

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sylvia Kaphan 4/30/98