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May 13 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N95000002676 (3)

1. Corporation Name

NEW OPTIONS, INC.



Principal Place of Business

Mailing Address

250 WILSHIRE BLVD.
SUITE 175
CASSELBERRY FL

P.O. BOX 180957
CASSELBERRY FL 32718-0957

3. Date Incorporated or Qualified

06/01/1995

4. FEI Number

59-3335789

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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

DIXON, G. ROBERT
159 FALLWOOD ST.
FERN PARK FL 32730

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ISEMAN, M. CONNIE
STREET ADDRESS 159 FALLWOOD ST.
CITY-ST-ZIP FERN PARK FL 32730

1.1 TITLE
1.2 NAME VD ISEMAN, M. CONNIE
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME SEXTON, DOROTHY K
STREET ADDRESS 877 ELGIN DR.
CITY-ST-ZIP WINTER SPRINGS FL 32708

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD
NAME DIXON, G. ROBERT
STREET ADDRESS 159 FALLWOOD ST.
CITY-ST-ZIP FERN PARK FL 32730

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE PD
4.2 NAME KIRCHHOFFER, KENNETH
4.3 STREET ADDRESS 668 CHEVY LEE CIR
4.4 CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

G. ROBERT DIXON

G. ROBERT DIXON

4/28/98

407-830-1662

CR2E037 (10/97)