## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P93000008983 (7)

**NEWELL PROPERTY MANAGEMENT CORPORATION** 

FILED
Jan 30 1998 8:00am
Secretary of State

|--|--|

Principal Plac	e of Business	Mailing Address		T SERVINDE VIOLENCE VINNE BAKIN DAVIN DA	310 19191 19199 1111 <del>(</del> 891	
4148A CORPO	OORATE SQUARE /)	4148A CORPORATE SQUARE		مرگور پ		
CUITE 100	Jamak J.	-80/TE 166	-Kau	DO NOT WRITE IN THIS SPA	A∩E	
NAPLES FL 3 US	4104	NAPLES FL 33942 US	U	3. Date Incorporated or Qualified	NOL .	
00	. •	00		02/01/1993		
2. Pancipa P	late of Bushis	2a. Milling Address	00.00	4. FEI Number	Applied For	
27141401	m co ka raje juanc	26 LIWXA COR	KOLATELL	MARC 65-0388653	Not Applicable	
Soite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27		b. Certificate of Status Desired	Fee Required	
23	es ev	28 NATURAL S		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
<b>一~)</b> 0	Country		Country 0	8. This corporation owes or has paid the curren	nt year Intangible	
24 64	0 7 25 BA	29 34704 30	LUSA		Yes No	
•	* 9. Name and Address of Current R	egistered Agent	81 Name	10. Name and Address of New Registered Ag	ent	
	WELL, WILLIAM A	Δ.	Name	1		
	ISA CORPORATE SQUARE	Vanoite	82 SydeyA	ATHER P.O. ANY NUMBER IS A TO ACCOUNT TO A A	05	
	TE-100	( CIII O A C	83	LOW COMPONIEZ CANA	<u> </u>	
NAI	PLES FL 34104			. A	~ \ \ \ \ \ \	
			84 City	ANGS FL	55 74 OL	
11. Pursuant	to the provisions of Sections 607.0502 at	nd 607.1508, Florida Statutes,	the above-named o	corporation submits this statement for the purpose of ch	langing 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	Signature, typed or printed name of registered agent an	d tile it applicable (NO1E. Re	gistered Agent signature r	equired when reinstating) DATE		
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE		Change Addition	
NAME	NEWELL, WILLIAM		1.2 NAME			
STREET ADDRESS	4148A CORPORATE SQUARE		1.3 STREET ADDRESS			
CITY-ST-ZIP	Naples fl		1.4 CHY-ST-ZIP			
TITLE	V	☐ DELETE	21 TITLE		Change	
NAME	NEWELL, SUSAN		2.2 NAME			
STREET ADDRESS	4148A CORPORATE SQUARE		2.3 STREET ADDRESS	4.8		
CITY-ST-ZIP	NAPLES FL		2. 4 City - St - ZiP			
TITLE		☐ DELETE	3.1 TITLE		Change	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	<del> </del>		4.4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	( <u> </u>	
TITLE		☐ DELETE	5.1 TITLE	Li	Change	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STHEET ADDRESS			
CITY-ST-ZIP		Driett.	5.4 CITY-ST-7IP		O	
TITLE		☐ DETELE	6.1 TITLE	Ц	Change L Addition	
NAME			6.2 NAME			
STREET ADDRESS	$\wedge$		6.3 STREET ADDRESS			
City-St-ZIP	ertify that the information a major	in filing does not qualify for the	6.4 CITY-ST-ZIP	in Section 410 07/2V// Florida Statutes 14 off an and	that the information	
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 imbust 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 report rustee 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 attriction with an address.						