## 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 # P93000020844 (5)

**NEW BEGINNINGS SOLUTIONS INCORPORATED** 

Principal Place of Business

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Mailing Address

## FILED Jan 15 1998 8:00am Secretary of State



7001 NINTH STREET SOUTH 7001 NINTH STREET SOUTH ST. PETERSBURG FL 33705 ST. PETERSBURG FL 33705 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/19/1993 2. Principal Place of Business 2a. Marling Address 4. FEI Number Applied Lor 21 26 Not Applicable 59-3169037 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Flection Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country  $Z_{\rm IP}$ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes Пло g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCELMURRY, CRYSTAL L. S 7001 NINTH STREET SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33705 83 City Zip Code 85 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 Signature, typed or printed name of registered agent and fillrof applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change MCELMURRY, MICHAEL J NAME 1.2 NAME 7001 9TH ST \$ STREET ADDRESS 1.3 STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP 1.4 CITY- ST-ZIP DELETE Applition THIF 2.1 1011.6 Change MCELMURRY, CRYSTAL L S NAME 2.2 NAME 7001 9TH ST S STREET ADDRESS 23 STHEFT ADDRESS ST PETERSBURG FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. Chy - \$1 - 7IP DELETE TITLE 4.1 TIFLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST- ZIP Add tion DETER TITLE 5.1 TITLE ☐ Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY - S1 - ZIP DELETE Change Addition TITLE 6.1 TO LE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 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 supplienced a number of the composition of the composition of the receiver or trustee 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 attachment with an address.

CICHATURE C. T. O. X. V.