


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000027164 (1)  
1. Corporation Name  
NEWPORT PLACE, INC.

Principal Place of Business 4735 NW 7TH CT LANTANA FL 33462 US	Mailing Address 4735 NW 7TH CT LANTANA FL 33462 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 90 PINECREST PLACE Suite, Apt. #, etc. 22 1150 8th Ave SW City & State 23 LARGO, FL Zip 24 33770-3193	2a. Mailing Address 25 90 PINECREST PLACE Suite, Apt. #, etc. 26 1150 8th Ave SW City & State 27 LARGO, FL Zip 28 33770-3193	3. Date Incorporated or Qualified 04/13/1993	3a. Date of Last Report 04/18/1996	4. FEI Number 59-3175239	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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7. Name and Address of Current Registered Agent CLIFTON, BRAD H 4735 NW 7TH COURT LANTANA FL 33462	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 90 PINECREST PLACE 83 1150 8th Ave SW 84 City LARGO, FL 85 Zip Code FL 33770-3193
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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 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	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYLOR, RONALD	1.2 NAME	
STREET ADDRESS	4735 N. W. SEVENTH COURT	1.3 STREET ADDRESS	1150 8th Ave SW
CITY-ST-ZIP	LANTANA FL 33462	1.4 CITY-ST-ZIP	LARGO, FL 33770-3193
TITLE	VP/T	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFTON, BRAD H	2.2 NAME	
STREET ADDRESS	4735 NW 7TH CT	2.3 STREET ADDRESS	5506 PENNOCK POINT RD
CITY-ST-ZIP	LANTANA FL	2.4 CITY-ST-ZIP	JUPITER, FL 33458
TITLE	VP/S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, JAMES C	3.2 NAME	
STREET ADDRESS	4735 NW 7TH CT	3.3 STREET ADDRESS	1150 8th Ave SW
CITY-ST-ZIP	LANTANA FL	3.4 CITY-ST-ZIP	LARGO, FL 33770-3193
TITLE		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		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		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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald L. Aylor RONALD L. AYLOR PRES 9/5/97 813/581-8142

CR2E034 (4/97)