## 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 # P9300061777 (7)

NEWTON SUPPLY COMPANY INC.

Principal Place	e of Business	Mailing Address		t sanstaat ten sårne stilt ånet antit entit enti		
13953 SW 14		17961 S.W. 280 ST.				
MIAMI FL 33186 HOMESTEAD FL 33031			31	DO NOT WRITE IN THIS SPACE		
U\$				3. Date Incorporated or Qualified	IS STAGE	
				09/03/1993		
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied	d For
ı		26		65-0469829	Not Ap	plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addit Fee Require	
City & State	8	City & State		6. Election Campaign Financing	\$5.00 May	
Zip	Country	<b>28</b> Zip	Country		Added to Fe	
ת ביי <sup>ף</sup>	<b>├</b> ──	<del></del>	30	This corporation owes or has paid the	current year Intangil <b>⊠</b> Yes ∏ No	
Ĺ	9. Name and Address of Curre	29	[30]	Personal Property Tax due June 30.  10. Name and Address of New Registere		
OT.	EINBRING, STEVEN R	Alaining Allain	81 Name	IN. THATTO BING AND TOUR FINGS BIRTON	- Janus	
	961 S.W. 280 STREET		82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
nu	DMESTEAD FL 33031		63			
			63			
			84 City	-	85 Zip Code	
<u> </u>				proporation submits this statement for the purpose		
12	Signature, typied or printed name of registered ag OFFICERS AN	ND DIRECTORS	NOTE: Rog stered Agent signature req	ADDITIONS/CHANGES TO OFFICERS A		12
TLE	VO	☐ DELETE	1.1 TITLE		Change	Addition
WE	Steinbring, erik r.		1.2 NAME			
treet address	17961 S.W. 280 ST		1.3 STREET ADDRESS			
ITY-ST-ZIP	HOMESTEAD FL		1.4 CHY- ST-ZIP	÷		
ITLE	81	DELETE	2.1 TITLE		Change	Addilion
AME	STEINBRING, JANICE		2.2 NAMÉ			
TREET ADDRESS	17961 SW 280 ST		2.3 STREET ADDRESS			
TY-ST-ZIP	HOMESTEAD FL		2. 4 CITY- ST - ZIP			
ITLE	DP STEINBRING	☐ DELETE	3.1 TITLE		Change 🔲	Addition
AME	STEMBERG, STEVEN R.		3.2 NAME			
TREET ADDRESS	17961 SW 280 STREET		3.3 STREET ADDRESS			
TY-ST-ZIP	HOMESTEAD FL		3.4. CITY+S1-ZIP		·····	<del></del>
LTE		☐ DELETE	4.1 TITLE		Change	Addition
AME			4. 2 NAME			
Treet Address			4.3 STREET ADDRESS			
TY-ST-ZIP		DELETE	4.4 CHY-ST-ZIP			
ITLE			5.1 TITLE			. 7
AME		الما بالدواد			☐ Change ☐	Addition
		ل سرداد	5.2 NAME			Addition
		ل مربران	5.2 NAME 5.3 STREET ADDRESS			Addition
STREET ADDRESS CITY-ST-ZIP		Diffie	5.2 NAME			Addition

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 eath; 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 other attachment with an address.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

STEVEN R STEWNOLINE 305-6356503

**FILED** 

Feb 06 1998 8:00am

Secretary of State

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