## 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 # P93000063265 (1)

NEW ELEVATIONS, INC.

Principal Place of Business

14692 64TH WAY N
PALM BEACH GARDENS FL 33418
US

2. Principal Place of Business
2. Principal Place of Business
2. Suite, Apt. #, etc.

FILED
Jan 23 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

 Date Incorporated or Qualified 09/07/1993

4. FEI Number

21		26				05*0430 189		No	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status	Desired	\$8.75 Fee Re		
City & Stat	e	City & Stat	e			Election Campaign F     Trust Fund Contribut		\$5.00 Added		
Zip	Country 25	Zip Cour <b>30</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
BE	LANGER, MICHAEL T			81	Name				.3.2	
14692 64TH WAY N				82	Stroot Ad	dress (P.Q. Box Number is Not Acceptable)				
PALM BEACH GARDENS FL 33418			02	Olicel Ad	101692 (F.O. DOX 14011106) 13 14	or vecebranie)				
				83					······	
				-	0"	<del></del>				
				84	City		F	<b>85</b> Zip 1	Code	
office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State o im familiar with, and accept the obligat	f Florida. Such ch	ange was aul	thorized by	the corpor	prporation submits this statement of directors. I he	ent for the purpose ereby accept the a	e of changing it appointment as	s registered registered	
SIGNATURE										
	Signature, typed or printed name of registered agent		(NOTE: F		nt signature rec	quired when reinstating)	DAT		0.01.40	
12.	OFFICERS AND		DELETE	13.		ADDITIONS/CHANGE	S TO OFFICERS A	Change	S IN 12	
TITLE	,		DEFEIS	1.1 TITLE				L Change	L Addition	
NAME	BELANGER, MICHAEL T			1.2 NAME						
STREET ADDRESS			1.3 STREET	.3 STREET ADDRESS						
CITY - ST - ZIP	PALM BEACH GARDENS FL	1,4		1.4 CITY - 8	T-ZIP					
TITLE	DV		DELETE	2.1 TITLE		-		Change	Addition	
NAME	BELANGER, KAREN			2.2 NAME						
STREET ADDRESS	14692 64TH WAY N			2.3 STREET	ADDRESS					

2. 4 CITY - ST - ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

3.4. CITY - ST - ZIP

3,1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

DELETE

☐ DELETE

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kalin Politica

PALM BEACH GARDENS FL

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST-ZIP

CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

1114198

CR2E034 (10/97)

Change

Change

Change

Addition

Addition

Addition

Applied For