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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # P93000073548 (8)
1. Corporation Name

NEWMAN REALTY GROUP, INC. Principal Place of Business Mailing Address 333 W. CAMINO GARDENS BLVD. 333 W. CAMINO GARDENS BLVD. SHITE 200 SUITE 200 **BOCA RATON FL 33432 BOCA RATON FL 33432** 3. Date Incorporated or Qualified 3a. Date of Last Report 10/25/1993 08/10/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0458711 26 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country This corporation has liability for intangible tax under s 199.032, Zιο ☐ Yes ☐ No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 NEWMAN, F. D. Street Address (P.O. Box Number is Not Acceptable) 333 W. CAMINO GARDENS BLVD 83 SUITE 200 **BOCA RATON FL 33432** 84 City 85 Zip Code 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 Styriature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change DELETE ☐ Addition 1.1 TITLE TITLE CR2E034 | 1.2 NAME NEWMAN, FREDRIC D NAME 2300 GLADES ROAD, SUITE 260W 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change ☐ Addition 2 1 TITLE TITLE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CI1Y - S1 - ZIP 24 CITY - ST - ZIP Addition DELETE ☐ Change 3 1 TITLE TITLE 3.2 NAME NAM: 3.3. STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY-ST-7F Change ■ Addition DELETE 4. 1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP [] DELETE Change ■ Addition 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 6 1 TITLE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated or 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 charged, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

IRE AND TYPED OR PRINT

NAME

STREET ADDRESS

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FILED

Secretary of State

May 01 1996 8:00 am