

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000073548 (8)

1. Corporation Name  
**NEWMAN REALTY GROUP, INC.**



Principal Place of Business <b>333 W. CAMINO GARDENS BLVD. SUITE 200 BOCA RATON FL 33432 US</b>	Mailing Address <b>333 W. CAMINO GARDENS BLVD. SUITE 200 BOCA RATON FL 33432-5824 US</b>
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2. Principal Place of Business <b>21 4633 Oak Tree Ct.</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Delray Beach, FL</b> Zip Country <b>24 33445 25 USA</b>	2a. Mailing Address <b>26 4633 Oak Tree Ct.</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Delray Beach, FL</b> Zip Country <b>29 33445 30 USA</b>
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3. Date Incorporated or Qualified <b>10/25/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0458711</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**NEWMAN, F. D.  
333 W. CAMINO GARDENS BLVD  
SUITE 200  
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent
81 Name <b>Theodore Newman</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4633 Oak Tree Ct.</b>
83
84 City <b>Delray Beach</b>
85 Zip Code <b>FL 33445</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1507, 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 *Theodore Newman* DATE **4/30/97**  
Signature, typed or printed name of registered agent and state is applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS NEWMAN, FREDRIC D 2300 GLADES ROAD, SUITE 260W BOCA RATON FL 33432</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>DPS Theodore Newman 4633 Oak Tree Ct. Delray Beach, FL 33445</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Theodore Newman* DATE **4/30/97** **6561866-8000**

CR2E034 (9/96)