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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P93000088035** (9)

NEWCORP 2, INC.			
Principa: Place of Business 3630 S MANHATTAN TAMPA FL 33629	Mailing Address 3630 S MANHATTAN TAMPA FL 33629-8430		E IORNIOGE ING SQUOD SAIN BEING BOING BOING GRADI INGS BOING BAIL IONN BOIND INGS BAIL IONN
			3. Date Incorporated or Qualified   3a. Date of Last Report   12/28/1993   05/01/1996
2. Principal Place of Business	2s. Mailing Address	**************************************	4. FEI Number Applied Fo
4	26		<b>59-3215736</b> Not Applica
Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
2  Cily & State	City & State		Fee Required
3	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees
Zip Country	Zip	Country	This corporation has liability for intangible tax under s. 199.032
25	29	30	Florida Statutes
	s of Current Registered Agent		10. Name and Address of New Registered Agent
CAIN, MARK S		81 Name	
3630 S MANHATTAN		82 Street A	Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33829		<u></u>	
		83	
		84 City	B5 Zip Code
			FL 18 2 POWE
office or real stered agent, or both.	III THE STATE OF FIGHUAL SUCH CHANGE WA	as authorized by the corp	orations doard of directors. I hereby accept the appointment as redistert
SIGNATURE Signature hyperton productions in a	of registered agent and filte it applicable. (N	NOTE: Registered Agent signature r	
SIGNATURE Signature typed or prodest same of	of registered agent and title if applicable. (N	NOTE Registered Agent signature r	required when renstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Signature lyunt o pertertance of Of	of registered agent and filte it applicable. (N	NOTE Registered Agent signature r  13. 1.1 TITLE	required when renstating) DATE
SIGNATURE Signature Typed to predict care to  2. OF  DEE D CAIN, MARK S	of registered agent and title if applicable. (N FICERS AND DIRECTORS	NOTE Registered Agent signature r  13. 1.1 TiTLE 1.2 NAME	required when renstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE  Signature hypothological carries  OF  DITE  AME  THEL: ADDRESS  3630 S MANHATTAN	of registered agent and title if applicable. (N FICERS AND DIRECTORS	NOTE Registered Agent signature r  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	required when renstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-9783-831-2350

**FILED** 

Apr 28 1997 8:00am

Secretary of State