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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000035698 (7)

1. Corporation Name
D.J. NEWELL INC.



Principal Place of Business

1270 DEERLAKE CIR
APOPKA FL 32712
US

Mailing Address

1270 DEER LAKE CIRCLE
APOPKA FL 32712-2838

3. Date Incorporated or Qualified

05/11/1994

3a. Date of Last Report

02/27/1996

2. Principal Place of Business

21 1048 LINKSIDE CT.
Suite, Apt. #, etc.

2a. Mailing Address

26 1048 LINKSIDE CT.
Suite, Apt. #, etc.

4. FEI Number

65-0488975

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BLVD. STE. 211
PALM BEACH GARDENS FL 33417

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME NEWELL, DENNIS J
STREET ADDRESS 1270 DEER LAKE CIRCLE
CITY-ST-ZIP APOPKA FL 32712

☐ DELETE

TITLE D
NAME NEWELL, MARJORIE J
STREET ADDRESS 1270 DEER LAKE CIRCLE
CITY-ST-ZIP APOPKA FL 32712

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NEWELL DENNIS J
1.2 NAME
1.3 STREET ADDRESS 1048 LINKSIDE CT.
1.4 CITY-ST-ZIP APOPKA FL 32712

☒ Change

☐ Addition

2.1 TITLE NEWELL, MARJORIE J
2.2 NAME
2.3 STREET ADDRESS 1048 LINKSIDE CT.
2.4 CITY-ST-ZIP APOPKA FL 32712

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ 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 supplement to 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 recorder 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, given an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DENNIS J. NEWELL 2/22/97

407-886-4734

CR2E034 (9/96)