

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000060840 (3)**

1. Corporation Name

NEWBOLD, INC.



Principal Place of Business

**1952 N.W. 55TH AVE.
MARGATE FL 33063**

Mailing Address

**7154 N. UNIVERSITY DR. #119
TAMARAC FL 33321**

3. Date Incorporated or Qualified

08/15/1994

3a. Date of Last Report

10/23/1995

2. Principal Place of Business

21 **5301 NW 15 Street**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

D-11

27 Suite, Apt. #, etc.

23 City & State

MARGATE, FL

28 City & State

24 Zip

33063

25 Country

USA

29 Zip

33321

30 Country

4. FEI Number

65-0530647

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

**NEWBOLD, LILLIAN
869 S.W. 49 CIR.
MARGATE FL 33068**

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

Lillian Newbold
Signature, typed or printed name of registered agent and title if applicable

Lillian Newbold

(NOTE: Registered Agent signature required when reinstating)

4/19/96
DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **NEWBOLD, LILLIAN E**
STREET ADDRESS **869 S.W. 49 CIR.**
CITY-ST-ZIP **MARGATE FL 33068**

TITLE **VP** ☐ DELETE

NAME **NEWBOLD, JAIME**
STREET ADDRESS **869 S.W. 49 CIR.**
CITY-ST-ZIP **MARGATE FL 33068**

TITLE **T** ☐ DELETE

NAME **NEWBOLD, DAVID O**
STREET ADDRESS **11699 TIMBERS WAY**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **S** ☐ DELETE

NAME **NEWBOLD, ANDRES**
STREET ADDRESS **11699 TIMBERS WAY**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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: *Lillian Newbold* **LILLIAN NEWBOLD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96
DATE

954-968-5354
Daytime Phone #

CR2E034 (12/95)