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Feb 28 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 # P94000067204 (5)
1. Corporation Name
NEWCMT, INC.



Principal Place of Business: 19353 US HIGHWAY 19 NORTH CLEARWATER FL 34624
Mailing Address: 19353 US HIGHWAY 19 NORTH CLEARWATER FL 34624-3102

3. Date Incorporated or Qualified: 09/13/1994
3a. Date of Last Report: 04/09/1996
4. FEI Number: 59-3268078
5. Certificate of Status Desired: Applied For, Not Applied For
6. Election Campaign Financing Trust Fund Contribution: \$8.75 Additional Fee Required, \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes, No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
~~LECOMTE, MORRIS A ESQ.~~
~~100 SECOND AVENUE SOUTH~~
~~CITY CENTER 12TH FLOOR~~
~~ST PETERSBURG FL 33701~~

10. Name and Address of New Registered Agent
81 Name: Jill Fisher Powers-Esquire
82 Street Address: 19353 US HWY 19 N.
83 Suite 100
84 City: Clearwater, FL 85 Zip Code: 34624

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: Jill Fisher Powers, Esquire (with signature) DATE: 2/27/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COPE, RICHARD W	
STREET ADDRESS	19353 US HIGHWAY 19 NORTH	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOOKE, EDWIN C	
STREET ADDRESS	19353 US HIGHWAY 19 NORTH	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUELLER, JAMES G	
STREET ADDRESS	7100 W. COMMERCIAL BLVD.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STICCO, LEWIS A.	
STREET ADDRESS	19353 US HIGHWAY 19 N SUITE 100	
CITY - ST - ZIP	CLEARWATER FL 34624	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	COWHERD, STANLEY W JR.	
STREET ADDRESS	6943 18TH STREET	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Cope, Richard W.	
13 STREET ADDRESS	19353 US HWY 19 N. Suite 100	
14 CITY - ST - ZIP	Clearwater, FL. 34624	
2.1 TITLE	DAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tooke, Edwin C.	
2.3 STREET ADDRESS	19353 US HWY 19 N. Suite 100	
2.4 CITY - ST - ZIP	Clearwater, FL. 34624	
3.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mueller, James G.	
3.3 STREET ADDRESS	7100 W. Commercial BLVD.	
3.4 CITY - ST - ZIP	Ft. Lauderdale, FL	
4.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sticco, Lewis A.	
4.3 STREET ADDRESS	19353 US HWY 19 N. Suite 100	
4.4 CITY - ST - ZIP	Clearwater, FL. 34624	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Lewis A. Sticco (with signature) DATE: 2-27-97 (813) 538-5468

CR2E034 (9/96)