


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

**FILED**

**Apr 20 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

**DOCUMENT # P94000067204 (5)**  
 1. Corporation Name  
**NEWCMT, INC.**



Principal Place of Business <b>19353 US HIGHWAY 19 NORTH CLEARWATER FL 34624</b>	Mailing Address <b>19353 US HIGHWAY 19 NORTH CLEARWATER FL 34624</b>
-----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/13/1994</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>59-3268078</b>	Applied For <input type="checkbox"/> Not Applicable
24. Zip <b>33764</b>	25. Country	29. Zip <b>33764</b>	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>FISHER POWER, JILL 19353 US HWY 19 N STE 100 CLEARWATER FL 34624  33764</b>				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		DATE	
Signature, typed or printed name of registered agent and the if applicable		(NOTE: Registered Agent signature required when reinstating)	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COPE, RICHARD W</b>	1.2 NAME	
STREET ADDRESS	<b>19353 US HWY 19 N, STE 100</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	1.4 CITY-ST-ZIP	<b>33764</b>
TITLE	<b>DAS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TOOKE, EDWIN C</b>	2.2 NAME	
STREET ADDRESS	<b>19535 US HWY 19 N STE 100</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	2.4 CITY-ST-ZIP	<b>33764</b>
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MUELLER, JAMES G</b>	3.2 NAME	
STREET ADDRESS	<b>7100 W. COMMERCIAL BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	3.4 CITY-ST-ZIP	<b>33319</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STICCO, LEWIS A.</b>	4.2 NAME	
STREET ADDRESS	<b>19353 US HIGHWAY 19 N SUITE 100</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 34624</b>	4.4 CITY-ST-ZIP	<b>33764</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COWHERD, STANLEY W JR.</b>	5.2 NAME	
STREET ADDRESS	<b>8043 18TH STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	5.4 CITY-ST-ZIP	<b>33433</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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

CR2E034 (10/97)