

3-16-95 B-2220 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
 ANNUAL REPORT
 1995**



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

**APPROVED
 AND
 FILED**

95 MAR 16 AM 11:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000081747 (5)
 1. Corporation Name
NEWPORT PARTNERS X, INC.

Principal Place of Business Mailing Address
**300 INTERNATIONAL PARKWAY
 SUITE 270
 HEATHROW FL 32746** **300 INTERNATIONAL PARKWAY
 SUITE 270
 HEATHROW FL 32746**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
 21 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 28
 Zip Country Zip Country
 24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
11/07/1994 **7/9**
 4. FEI Number Applied For
59-3282577 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**DANIELS, ALAN H
 800 NORTH MAGNOLIA AVE
 SUITE 1500
 ORLANDO FL 32803**

10. Name and Address of New Registered Agent
 81 Name **Peter Cahall**
 82 Street Address (P.O. Box Number is Not Acceptable)
300 Jolie Phisy # 270
 83
 84 City **Heathrow** FL 85 Zip Code **32746**

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]* DATE: **3-13-95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAHALL, PETER S
STREET ADDRESS	300 INTERNATIONAL PARKWAY, STE. 270
CITY - ST - ZIP	HEATHROW FL 32746
TITLE	D
NAME	CAMPISI, JAMES M
STREET ADDRESS	300 INTERNATIONAL PARKWAY, STE. 270
CITY - ST - ZIP	HEATHROW FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 to 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: *[Signature]* DATE: **3-13-95** TELEPHONE: **407-333-2905**