SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000019565 (7)**

1. Corporation Name
NEW BEGINNINGS REAL ESTATE, INCORPORATED

Principal Place of Business
1020-1 E. 8TH ST.
JACKSONVILLE FL 32206

Mailing Address
~~1020-1 E. 8TH ST.~~
JACKSONVILLE FL 32206

3. Date Incorporated or Qualified: 03/10/1995
3a. Date of Last Report: 96

2. Principal Place of Business
21: 1020-1 E 8th St
22: Suite, Apt. #, etc: ~~JAX FL~~
23: City & State: JAX Fl
24: Zip: 32206
25: Country: DUVAL

2a. Mailing Address
26: 10912 Majuro DR
27: Suite, Apt. #, etc: ~~JAX Fl~~
28: City & State: JAX Fl
29: Zip: 32246
30: Country: DUVAL

4. FEI Number: 59-3105918 — 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
COX, JOAN F
~~1020-1 E. 8TH ST.~~
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 10912 MAJURO DR
83
84 City: JAX Fl FL
85 Zip Code: 32246

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 resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	COX, THOMAS P	
STREET ADDRESS	~~1020-1 E. 8TH ST.~~ 10912 Majuro DR	
CITY-ST-ZIP	JACKSONVILLE FL ~~32206~~ 32246	
TITLE	D JOAN F.	☐ DELETE
NAME	COX, ~~JOANAS~~ F	
STREET ADDRESS	~~1020-1 E. 8TH ST.~~ 10912 Majuro DR	
CITY-ST-ZIP	JACKSONVILLE FL 32206 JAX 32246	
TITLE	D	☐ DELETE
NAME	SARMIR, FRANK	
STREET ADDRESS	10912 MAJURO DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joan F. Cox — 7-4-96 — 904 642-4410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)