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PROFIT: .. ~ CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

## P95000022607 (2) **DOCUMENT #**

NEW DAWN CONSULTING SERVICES, INC. Mailing Address Principal Place of Business 4534 NO. UNIVERSITY DRIVE 4534 NO. UNIVERSITY DRIVE LAUDERHILL FL 33351 LAUDERHILL FL 33351 3. Date incorporated or Qualified 3a. Date of Last Report 03/20/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0578319 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 23 28 Ζφ Country 8. This corporation has liability for intangible tax under s. 199.032, Zio Country Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BLOND, HAROLD A Street Address (P.O. Box Number is Not Acceptable) 4534 NO. UNIVERSITY DRIVE 83 LAUDERHILL FL 33351 Zip Code 84 City 85 1. 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 hoth, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Florida Statutes. SIGNATURE DATE Signature, typed or printed name of regulared agent a writte, if as on whe (NOTE: Registered Agents platore regional when renstating): ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Add tion 1 1 THE F TITLE President 1.2 NAME HArold A. Blund NAME 1.3 STREET ADDRESS 9024 N.W 45 ct. STREET ADDRESS Surrise, 71. 33351 1.4 CITY+ST-ZIP CITY - ST - ZIP Change □ Addition DELF 1E 2 1 TIFLE TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 City - ST - ZIP CITY-ST-ZIP Change ☐ Addition □ DELFTE 3 1 TILE \_ DILE 3.2 NAME NAME 3.3. SUBJECT ADDRESS STREET ADDRESS 3.4 City - St - ZiP CHTY - ST - ZIP ☐ Addition DELETE ☐ Change 4 1 III LE TITLE 4.2 NAMÉ STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP 000001866290 Addition DELETE 5 1 TiTLE TITLE -06/19/96--01014--007 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS \*\*\*225.80 5.4 CITY - ST - ZIP CITY-ST-ZIP Add tion DELETE 6 1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 on an attachment with an address

64 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

Harold A. Blond

5/9/96 954 749-2616

(12/95)CR2E034