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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P95000038441**1. Corporation Name

NEWELL EINANCIAL INC

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90100 016 \*\*\*150.00

NEVVELL	FINANCIAL, INC.															
Principal Place	of Business	Mailing Addr	ess			•		1 181	11100111101101	<b>4:</b> \$1111 <b>43</b> 111			****			
2500 N.E. 48TH APARTMENT 30: FORT LAUDERD	5	2500 N.E. 48T APARTMENT ( FORT LAUDER	305	08			2	Date Inc	Dorporated	O NOT W		N THIS :	SPACE			7
			•				J.	05/15/								
a. Drinning Di	ace of Business	2a. Mailing A	Adress				-	FEI Num						Appl	ied For	1
<del>-</del>	ace of Dustriess	26	tour 555				"	65-059							Applicable	1
Suite, Apt. i	# etc.	Suite, Ap	t. #, etc.									1	\$8.7	<b>5</b> Ad	ditional	7
22	.,	27					5.	Certificat	e of Statu	s Desireo		ľ	Fee	Requ	uired	
City & State	9 .	City & St	ate				6.	Election	Campaigi	n Financir	<sup>19</sup> 🗆	1	\$5.0	00 м	lay Be	
23		28						Trust Fu	nd Contril	oution		·	Add	ed to	Fees	4
Zip	Country	Zip		Cou	ntry		8.	This cor	poration o	wes the c	urrent y	ear Inta		\_	_	
24	25	29		30					1 Property				☐ Yes		(No	-
	9. Name and Address of Currer	nt Registered Age	ent		1		10.	Name a	nd Addre	ss of Nev	w Regis	stered A	agent			1
	TIL JAMIIIAAA T				81	Name										
	ELL, WILLIAM T				82	Street Add	dress (F	O. Box	Number is	Not Acce	ptable)					
	N.E. 48TH LANE			1												4
	rtment 305 T Lauderdale FL 33308			-	83											
ron:	I LAUDENDALE PL 33300			l	84	City		-				FL	85 2	ip Co	de	1
												ГL	1 1			
			T. CA. O4-4-4-	- 411				- authorita	this state	ment for t	he nurr	ose of c	changing	ite re	edistered	┤
office or re	to the provisions of Sections 607.050	of Florida, Such d	hange was at	umorizea	DV I	-named cor he corporat	rporatioi tion's bo	n submits oard of di	this state rectors. I l	ment for t nereby ac	he purp	ose of o	changing itment a	its re s regis	egistered stered	-
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such d	hange was at	umorizea	DV I	-named corporat	rporation tion's bo	n submits oard of di	this state rectors. I l	ment for t nereby ac	he purp cept the	oose of o	changing itment a	its re s regis	egistered stered	
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State m farniliar with, and accept the obliga	of Florida. Such cations of, Section 6	hange was at 607.0505, Flot	itnorized rida Statu	by t ites.	ne corporat	tion s oc	oard of di	this state rectors. I I	ment for t nereby ac	cept the	э арролі	changing tment a	its re s regis	egistered stered	
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age	e of Florida. Such c ations of, Section 6 ant and title if applicable.	hange was at 607.0505, Flot	rida Statu Registered	by t ites.	-named corporat	tion s oc	reinstating)	rectors. 11	тегеру ас	cept the	DATE		s regi		30
office or re agent. I an SIGNATURE	egistered agent, or both, in the State m farmiliar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS At	of Florida. Such cations of, Section 6 and and title if applicable.  ND DIRECTORS	hange was at 607.0505, Flot	itnorized rida Statu	Dy tutes.	ne corporat	tion s oc	reinstating)	this state rectors. I I	тегеру ас	cept the	DATE		TOR		44.50
office or reagent. I as SIGNATURE  12. TITLE	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS At	of Florida. Such cations of, Section 6 and and title if applicable.  ND DIRECTORS	nange was at 607.0505, Flor	rida Statu Registered	Agent	ne corporat	tion s oc	reinstating)	rectors. 11	тегеру ас	cept the	DATE	D DIRE	TOR	S IN 12	
office or reagent. I an SIGNATURE  12.  TITLE  NAME	egistered agent, or both, in the State m familiar with, and accept the obliga  Signature, typed or printed name of registered age  OFFICERS AP  P  NEWELL, WILLIAM T	of Florida. Such cations of, Section 6 and and title if applicable.  ND DIRECTORS	nange was at 607.0505, Flor	Registered 13. 1.1 TH	Agent	signature requir	tion s oc	reinstating)	rectors. 11	тегеру ас	cept the	DATE	D DIRE	TOR	S IN 12	7004 (44 700)
office or reagent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obliga  Signature, typed or printed name of registered age  OFFICERS AN  P  NEWELL, WILLIAM T  2500 N.E. 48TH LANE #305	of Florida. Such cations of, Section 6 ant and title if applicable.  ND DIRECTORS	nange was at 607.0505, Flor	Registered 13. 1.1 Till 1.2 NA	Agent LE ME	signature requir	tion s oc	reinstating)	rectors. 11	тегеру ас	cept the	DATE	D DIRE	TOR	S IN 12	
office or reagent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obliga  Signature, typed or printed name of registered age  OFFICERS AP  P  NEWELL, WILLIAM T	of Florida. Such cations of, Section 6 ant and title if applicable.  ND DIRECTORS	nange was at 607.0505, Flor	Registered 13. 1.1 TH	Agent LE ME REET	signature requir	ired when r	reinstating)	rectors. 11	тегеру ас	cept the	DATE	D DIRE	OTOR ge	S IN 12	7,000
office or reagent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State m familiar with, and accept the obliga  Signature, typed or printed name of registered age  OFFICERS AN  P  NEWELL, WILLIAM T  2500 N.E. 48TH LANE #305	of Florida. Such cations of, Section 6 ant and title if applicable.  ND DIRECTORS	nange was at 607.0505, Flor	Registered 13. 1.1 Til 1.2 NA 1.3 ST 1.4 Cil	Agent LE ME REET	signature requir	ired when r	reinstating)	rectors. 11	тегеру ас	cept the	DATE	D DIREC	OTOR ge	S IN 12	7,0010
office or reagent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obliga  Signature, typed or printed name of registered age  OFFICERS AN  P  NEWELL, WILLIAM T  2500 N.E. 48TH LANE #305	of Florida. Such cations of, Section 6 ant and title if applicable.  ND DIRECTORS	nange was at 607.0505, Flor	Registered  13. 1.1 Til 1.2 NA 1.3 ST 1.4 CT 2.1 Til 2.2 NA	Agent TLE ME REET. TY-ST	signature requir	ired when r	reinstating)	rectors. 11	тегеру ас	cept the	DATE	D DIREC	OTOR ge	S IN 12	7,0010
office or reagent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obliga  Signature, typed or printed name of registered age  OFFICERS AN  P  NEWELL, WILLIAM T  2500 N.E. 48TH LANE #305	of Florida. Such cations of, Section 6 ant and title if applicable.  ND DIRECTORS	nange was at 607.0505, Flor	Registered  13. 1.1 Til 1.2 NA 1.3 ST 1.4 CT 2.1 Til 2.2 NA	Agent TLE ME REET. TLE ME REET. TLE ME REET.	signature requir  ADDRESS  -ZIP  ADDRESS	ired when r	reinstating)	rectors. 11	тегеру ас	cept the	DATE	D DIREC	OTOR ge	S IN 12	7,0010
office or reagent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obliga  Signature, typed or printed name of registered age  OFFICERS AN  P  NEWELL, WILLIAM T  2500 N.E. 48TH LANE #305	of Florida. Such cations of, Section 6 ant and title if applicable.  ND DIRECTORS	nange was at 607.0505, Flor	Registered  13. 1.1 T// 1.2 NA 1.3 ST 1.4 C// 2.1 T// 2.2 NA 2.3 ST	Agent Agent LE ME REET LE REET TY-ST	signature requir  ADDRESS  -ZIP  ADDRESS	ired when r	reinstating)	rectors. 11	тегеру ас	cept the	DATE	D DIREC	CTOR ige	S IN 12	
office or reagent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obliga  Signature, typed or printed name of registered age  OFFICERS AN  P  NEWELL, WILLIAM T  2500 N.E. 48TH LANE #305	of Florida. Such cations of, Section 6 ant and title if applicable.  ND DIRECTORS	DELETE	Registered   13.   1.1 Tr   1.2 NA   1.3 ST   1.4 Cr   2.1 Tr   2.2 NA   2.3 ST   2.4 Cr	Agent Agent LE REET, LE REET, LE REET, LE REET, LE	signature requir  ADDRESS  -ZIP  ADDRESS	ired when r	reinstating)	rectors. 11	тегеру ас	cept the	DATE	D DIREC	CTOR ige	S IN 12 Addition	, 100000
office or reagent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State m familiar with, and accept the obliga  Signature, typed or printed name of registered age  OFFICERS AN  P  NEWELL, WILLIAM T  2500 N.E. 48TH LANE #305	of Florida. Such cations of, Section 6 ant and title if applicable.  ND DIRECTORS	DELETE	Registered   13.   1.1 Tm   1.2 NA   1.3 ST   1.4 Cm   2.1 Tm   2.2 NA   2.3 ST   2.4 Cm   3.1 Tm   3.2 NA   3.3 NA	Agent Agent TLE MME REET TLE REET TLE TY-ST TLE TY-ST TLE	signature requir  ADDRESS  -ZIP  ADDRESS	tion s oc	reinstating)	rectors. 11	тегеру ас	cept the	DATE	D DIREC	CTOR ige	S IN 12 Addition	, 100000
office or reagent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obliga  Signature, typed or printed name of registered age  OFFICERS AN  P  NEWELL, WILLIAM T  2500 N.E. 48TH LANE #305	of Florida. Such cations of, Section 6 ant and title if applicable.  ND DIRECTORS	DELETE  DELETE	Registered   13.   1.1 TH   1.2 NA   1.3 ST   2.2 NA   2.3 ST   2.4 Cl   3.1 TH   3.2 NA   3.3 ST   3.4 Cl   3.5 TH   3.5 NA   3.3 ST   3.5 TH	Agent Agent TLE MME REET TLE REET TLE TY-ST TLE TY-ST TLE	signature requir  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS ADDRESS	tion s oc	reinstating)	rectors. 11	тегеру ас	cept the	DATE	D DIREC	CTOR gge	S IN 12 Addition Addition	7.00000
office or reagent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obliga  Signature, typed or printed name of registered age  OFFICERS AN  P  NEWELL, WILLIAM T  2500 N.E. 48TH LANE #305	of Florida. Such cations of, Section 6 ant and title if applicable.  ND DIRECTORS	DELETE	Registered   13.   1.1 Till   1.2 NA   1.3 ST   1.4 CI   1.7 Till   2.2 NA   2.3 ST   2.4 CI   3.1 Till   3.2 NA   3.3 ST   3.4 CI   4.1 Till   4.1 Till	Agent LE LE LME REET LE REET TY-ST LE	signature requir  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS ADDRESS	tion s oc	reinstating)	rectors. 11	тегеру ас	cept the	DATE	D DIREC	CTOR gge	S IN 12 Addition	
office or reagent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obliga  Signature, typed or printed name of registered age  OFFICERS AN  P  NEWELL, WILLIAM T  2500 N.E. 48TH LANE #305	of Florida. Such cations of, Section 6 ant and title if applicable.  ND DIRECTORS	DELETE  DELETE	Registered   13.   1.1 Tm   1.2 NA   1.3 ST   1.4 Cm   2.1 Tm   2.2 NA   2.3 ST   2.4 Cm   3.1 Tm   3.2 NA   3.3 ST   3.4 Cm	Agent LE ME REET LE ME REET LE ME REET LE ME REET LE TY-ST	signature requir  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS ADDRESS	tion s oc	reinstating)	rectors. 11	тегеру ас	cept the	DATE	D DIREC	CTOR gge	S IN 12 Addition Addition	7.00000
office or reagent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	egistered agent, or both, in the State m familiar with, and accept the obliga  Signature, typed or printed name of registered age  OFFICERS AN  P  NEWELL, WILLIAM T  2500 N.E. 48TH LANE #305	of Florida. Such cations of, Section 6 ant and title if applicable.  ND DIRECTORS	DELETE  DELETE	13. 1.1 III 1.2 NA 1.3 ST 1.4 CI 2.1 TIII 2.2 NA 2.3 ST 2. 4 CI 3.1 III 3.2 NA 3.3 ST 3.4 CI 4.1 III 4.2 NA	Agent Agent LE ME REET LLE ME REET TY-ST LE ME REET TY-ST LE AME	signature requir  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS ADDRESS	tion s oc	reinstating)	rectors. 11	тегеру ас	cept the	DATE	D DIREC	CTOR gge	S IN 12 Addition Addition	
office or reagent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obliga  Signature, typed or printed name of registered age  OFFICERS AN  P  NEWELL, WILLIAM T  2500 N.E. 48TH LANE #305	of Florida. Such cations of, Section 6 ant and title if applicable.  ND DIRECTORS	DELETE  DELETE  DELETE	Registered   13.   1.1 Tm   1.2 NA   1.3 ST   2.2 NA   2.3 ST   2.4 Cl   3.1 Tm   3.2 NA   3.3 ST   3.4 Cl   4.1 Tm   4.2 NA   4.3 ST   4.4 Cr	Agent Agent LE ME REET. TY-ST LE ME REET. TY-ST LE ME REET. TY-ST LE AME REET. TY-ST LE TY-ST LE TY-ST LE TY-ST LE TY-ST LE TY-ST LE TY-ST TY-ST TY-ST TY-ST TY-ST TY-ST TY-ST TY-ST	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS	tion s oc	reinstating)	rectors. 11	тегеру ас	cept the	DATE	D DIREC	ge ge	S IN 12 Addition Addition Addition	
office or reagent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obliga  Signature, typed or printed name of registered age  OFFICERS AN  P  NEWELL, WILLIAM T  2500 N.E. 48TH LANE #305	of Florida. Such cations of, Section 6 ant and title if applicable.  ND DIRECTORS	DELETE  DELETE	Registered   13.   1.1 Tm   1.2 NA   1.3 ST   2.4 Cl   3.1 Tm   3.2 NA   3.3 ST   3.4 Cl   4.1 Tm   4.2 NA   4.3 ST   4.4 Cr   5.1 Tm	Agent Agent LE ME REET. TY-ST LE ME REET. TY-ST LE ME REET. TY-ST LE AME REET. TY-ST LE	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS	tion s oc	reinstating)	rectors. 11	тегеру ас	cept the	DATE	D DIREC	ge ge	S IN 12 Addition Addition	
Office or reagent. I are agent. I are signature  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	egistered agent, or both, in the State m familiar with, and accept the obliga  Signature, typed or printed name of registered age  OFFICERS AN  P  NEWELL, WILLIAM T  2500 N.E. 48TH LANE #305	of Florida. Such cations of, Section 6 ant and title if applicable.  ND DIRECTORS	DELETE  DELETE  DELETE	Registered   13.   1.1 Tm   1.2 NA   1.3 ST   2.2 NA   2.3 ST   2.4 Cl   3.1 Tm   3.2 NA   3.3 ST   3.4 Cl   4.1 Tm   4.2 NA   4.3 ST   4.4 Cf   5.1 Tm   5.2 NA	Agent LE Agent LE REET LY-ST LE AME REET TY-ST LE AME REET TY-ST LE AME REET LLE AME LLE AME REET LLE AME LLE AM	signature requir  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	tion s oc	reinstating)	rectors. 11	тегеру ас	cept the	DATE	D DIREC	ge ge	S IN 12 Addition Addition Addition	
Office or it agent. I ai agent. I ai SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obliga  Signature, typed or printed name of registered age  OFFICERS AN  P  NEWELL, WILLIAM T  2500 N.E. 48TH LANE #305	of Florida. Such cations of, Section 6 ant and title if applicable.  ND DIRECTORS	DELETE  DELETE  DELETE	11. In	Agent LE ME REET TY-ST LE ME	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	tion s oc	reinstating)	rectors. 11	тегеру ас	cept the	DATE	D DIREC	ge ge	S IN 12 Addition Addition Addition	
Office or it agent. I ai SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obliga  Signature, typed or printed name of registered age  OFFICERS AN  P  NEWELL, WILLIAM T  2500 N.E. 48TH LANE #305	of Florida. Such cations of, Section 6 ant and title if applicable.  ND DIRECTORS	DELETE  DELETE  DELETE	### Registered   13.	Agent LE ME REET LE ME REET LE ME REET LE ME REET TY-ST	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	tion s oc	reinstating)	rectors. 11	тегеру ас	cept the	DATE	D DIREC	CTOR gge	S IN 12 Addition Addition Addition Addition	7.7001000
Office or reagent. I air SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obliga  Signature, typed or printed name of registered age  OFFICERS AN  P  NEWELL, WILLIAM T  2500 N.E. 48TH LANE #305	of Florida. Such cations of, Section 6 ant and title if applicable.  ND DIRECTORS	DELETE  DELETE  DELETE	Registered   13.   1.1 Tm   1.2 NA   1.3 ST   2.4 Cl   3.1 Tm   3.2 NA   3.3 ST   3.4 Cl   4.1 Tm   4.2 NA   4.5 Tm   5.2 NA   5.3 ST   5.4 Cl   6.1 Tm   5.3 5.3 ST   5.3 ST   5.4 Cl   6.1 Tm   5.3 ST	Agent LE ME REET LE	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	tion s oc	reinstating)	rectors. 11	тегеру ас	cept the	DATE	D DIREC	CTOR gge	S IN 12 Addition Addition Addition	
Office or it agent. I ai SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obliga  Signature, typed or printed name of registered age  OFFICERS AN  P  NEWELL, WILLIAM T  2500 N.E. 48TH LANE #305	of Florida. Such cations of, Section 6 ant and title if applicable.  ND DIRECTORS	DELETE  DELETE  DELETE	Registered   13.   1.1 Tm   1.2 NA   1.3 ST   1.4 Cm   2.1 Tm   2.2 NA   2.3 ST   2.4 Cm   3.1 Tm   3.2 NA   3.3 ST   3.4 Cm   4.2 NM   4.2 NM   4.5 Tm   5.2 NA   5.3 ST   5.4 Cm   6.1 Tm   6.2 NA   6.2 NA   6.2 NA   6.3 NA	Agent LE ME REET LE ME REET TY-ST LE ME REET TY-ST LE ME REET TY-ST LE ME TY-ST LE ME ME TY-ST LE ME	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	tion s oc	reinstating)	rectors. 11	тегеру ас	cept the	DATE	D DIREC	CTOR gge	S IN 12 Addition Addition Addition Addition	

14. I hereby certify that the information supplied with this tiling 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 at 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 for 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/changes, or on a attachment with an address, with all other like empowered.

SIGNATURE:

MUSEQUUTEDAM I. N

4/8/99 772-1778