

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
May 14 1998 8:00am  
Secretary of State

DOCUMENT # **P95000043424 (7)**

1. Corporation Name

**NEW DAWN SERVICES, INC.**



Principal Place of Business

Mailing Address

**6840 N.W. 16TH STREET  
MARGATE FL 33063**

**6840 N.W. 16TH STREET  
MARGATE FL 33063**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

**21 4038 Gulfview Drive**

**26 4038 Gulfview Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 Spring Hill, FL**

**28 Spring Hill, FL**

Zip

Zip

Country

Country

**24 34607**

**25 USA**

**29 34607**

**30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REED, DAWN M  
6840 N.W. 16TH STREET  
MARGATE FL 33063**

81 Name

**Reed, Dawn M**

82 Street Address (P.O. Box Number is Not Acceptable)

**4038 Gulfview Drive**

83

84 City

**Spring Hill**

**FL**

85 Zip Code

**34607**

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

*Dawn M Reed*

**Dawn M Reed**

**04/13/98**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>REED, DAWN M</b>	
STREET ADDRESS	<b>6840 N.W. 16TH STREET</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>REED, TIMOTHY W</b>	
STREET ADDRESS	<b>6840 N.W. 16TH STREET</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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

*Dawn M Reed*

**Dawn M Reed**

**04/13/98**

CR2E034 (10/97)