

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 # P95000043622

1. Corporation Name
NEWMAYER & COMPANY, INC.

Principal Place of Business

720 BAYSIDE LANE
WESTON FL 33326
US

Mailing Address

1573 SPRINGSIDE DRIVE
FT. LAUDERDALE FL 33326

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90185 031 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1995

4. FEI Number

65-0585966

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

NEWMAYER, ROBERT M
1573 SPRINGSIDE DRIVE
FT. LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name

NEWMAYER, ROBERT M

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

720 BAYSIDE LANE

83

84 City

WESTON

FL

85 Zip Code

33326

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 reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

NEWMAYER, ROBERT W

STREET ADDRESS

1573 SPRINGSIDE DRIVE

CITY-ST-ZIP

FT. LAUDERDALE FL 33326

TITLE

D

☐ DELETE

NAME

NEWMAYER, TAMIE W

STREET ADDRESS

1573 SPRINGSIDE DRIVE

CITY-ST-ZIP

FT. LAUDERDALE FL 33326

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

D

☒ Change

☐ Addition

1.2 NAME

NEWMAYER, ROBERT W

1.3 STREET ADDRESS

720 BAYSIDE LANE

1.4 CITY-ST-ZIP

WESTON FL 33326

2.1 TITLE

D

☒ Change

☐ Addition

2.2 NAME

NEWMAYER, TAMIE C.

2.3 STREET ADDRESS

720 BAYSIDE LANE

2.4 CITY-ST-ZIP

WESTON FL 33326

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT
NEWMAYER, ROBERT M

4/7/99

Date

954-384 0816

Daytime Phone #

CR2E034 (11/98)