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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 23 1998 8:00am

Secretary of State

954.344-2858

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000052962 (4)

NEWMAR, INC.

						<u> </u>
Principal Place of Business Mailing Address					- I IDDIIODI IID IDIB! CIIII BAIII DDIII BAIII	
11855 SAMPLE RD CORAL SPRINGS FL 33071 US		10951 NW 3RD STREET CORAL SPRINGS FL 33071 US		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
2 Principal P	Place of Business	2a. Mailing Address			07/03/1995 4. FEI Number	Applied For
21	ado or pasmoss	26]			65-0628199	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		,	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		Cily & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip	Country 30		8. This corporation owes or has paid the o	current year Intangible
24	9. Name and Address of Currer	[29] nt Registered Agent	30]		Personal Property Tax due June 30.  10. Name and Address of New Registere	
V	VELLS, BRENDA S		81 1	Name		
10951 NW 3RD STREET			82	Stroot Addre	ess (P.O. Box Number is Not Acceptable)	
	ORAL SPRINGS FL 33071		02	SHOOL AGGIC	555 (1.0. Box Number is Not Acceptable)	
			83			
			84 (	City		85 Zip Code
	007.000	007.4500 5			F	<del></del>
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized by th	iamed corpo ie corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered ppointment as registered
agent. La	m familiar with, and accept the oblig	ations of, Section 607.0505, Fi	orida Statutes.			
SIGNATURE	Signature, typed or printed name of registered ago	ant and title if applicable (NO)	E: Registered Agent s	sionature require	d when reinstating) DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PVST	DELETE	1.1 TITLE			Change Addition
NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1.2 NAME	ĺ		
STREET ADDRESS	10951 NW 3RD STREET		1.3 STREET AD	DRESS		
CITY-ST-ZIP			1.4 CITY-ST-Z	TIP		The state of the s
TITLE	D DELLA BERNEA	☐ DEŁETE	2.1 TITLE	ļ		Change Addition
NAME	WELLS, BRENDA S		2.2 NAME			
STREET ADDRESS	10951 NW 3RD STREET CORAL SPRINGS FL 33071		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE			2. 4 CITY-ST-	( IF		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET AD	DRESS		·
CITY-ST-ZIP			3.4 CITY-ST-7			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADI	DRESS		
CITY-ST-ZIP		D by see	4.4 CITY - ST - Z	TIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS	1		5.3 STREET ADD			
CITY-ST-ZIP		DELETE	5.4 CITY-ST-Z	IP		Change Addition
TITLE			61 TITLE			LT Change LT Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADD	DRESS		

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