

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000080933 (1)**

1. Corporation Name

**NEWCEN ELECTRIC, INC.**



Principal Place of Business

Mailing Address

**100 CENTURY BLVD.  
W. PALM BEACH FL 33417**

**100 CENTURY BLVD.  
W. PALM BEACH FL 33417**

2. Principal Place of Business

2a. Mailing Address

**21 19146 Lyons Road**

**26 19146 Lyons Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 Boca Raton, FL 33434**

**28 Boca Raton, FL 33434**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAIVEN, JACK  
100 CENTURY BLVD.  
WEST PALM BEACH FL 33417**

**81** Name

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

**19146 Lyons Road**

**83**

**84** City **Boca Raton,**

**FL**

**85** Zip Code

**33434**

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**

**13.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE

**D**

☐ DELETE

NAME

**LEVY, H. IRWIN**

STREET ADDRESS

**100 CENTURY BLVD.**

CITY - ST - ZIP

**W. PALM BEACH FL 33417**

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

**D**

☐ DELETE

NAME

**RUBIN, MICHAEL S**

STREET ADDRESS

**100 CENTURY BLVD.**

CITY - ST - ZIP

**W. PALM BEACH FL 33417**

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

**DP**

**Rubin, Michael S.**

**19146 Lyons Road**

**Boca Raton, FL 33434**

☒ Change ☐ Addition

TITLE

**D**

☐ DELETE

NAME

**JAIVEN, JACK**

STREET ADDRESS

**100 CENTURY BLVD.**

CITY - ST - ZIP

**W. PALM BEACH FL 33417**

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

**DVTS**

**Jaiven, Jack**

**19146 Lyons Road**

**Boca Raton, FL 33434**

☒ Change ☐ Addition

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY - ST - ZIP

☐ DELETE

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

**V**

**Geddes, James A.**

**19146 Lyons Road**

**Boca Raton, FL 33434**

☐ Change ☒ Addition

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY - ST - ZIP

☐ DELETE

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

**V**

**Cohen, Harold**

**19146 Lyons Road**

**Boca Raton, FL 33434**

☐ Change ☒ Addition

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY - ST - ZIP

☐ DELETE

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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 appears in Block 12 or Block 13, if changed, or on an attachment with an address.

**SIGNATURE:**

*Jack Jaiven*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jack Jaiven, Vice Pres. 03/22/96 (407) 487-9630**

Date

Daytime Phone #

CR2E034 (12/95)