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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000084620 (0) DOCUMENT # 1. Corporation Name

NEWPORT INSURANCE INC.

Principal Place of Business Mailing Address									
5455 N FEDERAL HWY			/ 5455 N FEDERAL HWY						
SUITE H				SUITE H					
BOCA RATON FL 33487			BOCA RATON FL 33487					3. Date Incorporated or Qualified 3a. Date of Last Report	
6 Pol-10-10-				1 5	harman Addition				11/01/1995 4. F\$i Number . Applied For
2. Principal Place of Business					2a. Mailing Address				4. FEI Number Applied For Not Applicable
Suite, Apt. 1	#. etc.			201_	Suite, Apt. #, etc.				\$9.75 Additional
22				27	1				5. Certificate of Status Desired Fee Required
City & State	9				City & State				6. Election Campaign Financing \$5.00 May Be
23				[28]					Trust Fund Contribution L. Added to Fees
Zip	1	Country	y	h1	Zip	n	intry		8. This corporation has liability for intangible tax under s 199.032,
24		25	an of Commant I	29		[30]	1		Florida Statutes Yes No
	y. Name	BIID AGGIE	ss of Current I	regist	erea Agent		81	Name	10. Name and Address of New Registered Agent
COADDETTI DOD									
SCARPETTI, BOB 5455 N FEDERAL HWY						82 Street Addr		dress (P.O. Box Number is Not Acceptable)	
SUITE H							83		
	ATON FL 3	13487							
000/(11							84	City	FL 85 Zip Code
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, of 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 objections of, Section 607.0505, Florida Statutes. SIGNATURE Signature, should be provided agent and late if agriculture agent agen									
12.		19	FICERS AND I	OIRLC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	13.5	result	r Sindani	ファ	☐ DELETE	1, 1 7	HTLE		Change Addition
NAME	1000	()	To Sona	in lo	Cuf. Sile.	1.2 N	AME		
STREET ADDRESS	1 7 2 2		Particker.	-,	33487	1.3 S	TREET	ADDRESS	
CITY-ST-7IP	1590	NK	N CON	16-	5398/		IIY-S	T-ZIP	
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NAME						3.2 N		·	
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CITY-SI-7IP								J-ZIP	
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CITY - ST - ZIP								J-7/P	
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CITY-ST-ZIP	 				DELETE .			T-ZiP	Change Addition
TITLE					FT percie.	6 1 1 6 2 N			Change Addition
NAME erocci annocce						62 N		ADDRESS	N J
STREET ADDRESS								ADDRESS	
CITY-ST-ZIP 14. I do hereb	I certify that	the informa	tion supplied wit	h this	filmo is voluntarily fum		IIY-\$	compression and conservations are	for the exemption stated in Section 119.07(3)(k), Florida Statutes, Lighther

roomerby 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 directed 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 13/11 phanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT SCAPPETT TO PRES 10 ENT 4-17-96 YOT-597-0971

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