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

P96000025013 (9) DOCUMENT

NEWPORT ASSOCIATES INC.

Principal Place of Business 7431 COOUNA DRIVE COQUINA N BAY VILLAGE FL 33141 US Mailing Address 7431 COOUNA DRIVE COQUINA N BAY VILLAGE FL 33141 US						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 03/20/1996				
2. Principat P	lace of Business	2a. Mailing Address					.065 4388 4 F		pplied For ot Applicable	
Suite, Apt #, etc. Suite, Apt. #, etc. 27					5. C	5. Certificate of Status Desired \$8.75 Additions Fee Required				
City & State	e	City & State				lection Campaign Fin			May Be to Fees	
Zip 24	Country 25	Zip 29	Coun	try	I -	his corporation owes ersonal Property Tax	•		tangible No	
	9. Name and Address of Currer	nt Registered Agent			10. N	ame and Address o	f New Registers	d Agent		
743		QU IN A		Name Street		. Box Number is Not	Acceptable)	·		
N BAY VILLAGE FL 33141				63						
			E	4 City		<u> </u>	F	85 Zip	Code	
agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig Signature typed or printed name of registered age	ations of, Section 607.0505,	Florida Statu OTE: Registered /	les.	e required when rei	nstating)	DATE			
12.		D DIRECTORS	13.	_	AD	DITIONS/CHANGES	TO OFFICERS A			
NAME STREET ADDRESS CITY-ST-ZIP	PD PFEFFER, OLIVER 7431 Coovina Drive N Bay Village Fl	DELETE			7431	Coquina	Drive	M Change	Addition	
TITLE NAME STREET ADDRESS	STD PFEFFER, JENNIFER 7431-COGVINA-DRIVE	DELETE	2.1 TITL 2.2 NAM	E	7431	COQUINA	Deve	Change	Addition	
CITY - ST - ZIP	N BAY VILLAGE FL	D DELET	2. 4 C/T	r-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			T Adam.	
NAME STREET ADDRESS		☐ DELETE		E Et address				Change	☐ Addition	
TITLE NAME STREET ADDRESS		DELETE	4.1 TITLI 4. 2 NAM	-				Change	Addition	

14. I hereby certify that the information supplied with this filing doos 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:

3/25/98 305-759-549/

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST- ZIP

5.1 TITLE

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

CITY - ST - ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

DIVER B. AGGGE

305-759-549/

Change

Change

Addition

Addition

FILED

Apr 16 1998 8:00am

Secretary of State