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Feb 23, 1999 8:00 am Secretary of State

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## 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 # P9600030268

| 1. Corporation   | n Name  |                                     |                                   |  |  |
|--|---|-------------------------------------|-----------------------------------|--|--|
| NEWPOF   | rt Builders, inc.   |                                     |                                   |  |  |
|  |   |                                     |                                   |  |  |
| Oringinal Place  | of Puoinage   | Mailing Address                     |                                   | -{ I (BANADA KIN IRINA RIKIK BAKK ORKIK BAKK I   | <b>Digit</b> intil <b>se</b> ni <b>s</b> insis evis, 1811 1881 |
| Principal Place of Business Mailing Address  211 E PROSPECT RD 211 E PROSPECT RD |   |                                     |                                   |  |  |
| SUITE 2321 OAKLAND PARK FL 33334   |   |                                     |                                   |  |  |
| OAKLAND PARK FL 33334 US   |   |                                     |                                   | DO NOT WRITE IN T  | HIS SPACE  |
| US   |   |                                     |                                   | 3. Date Incorporated or Qualifed 04/08/1996  |  |
| 2. Principal Pi  | lace of Business  | 2a. Mailing Address                 |                                   | 4. FEI Number  | Applied For  |
| 21   |   | 26                                  | - 12 12 -                         | 65-0656265   | Not Applicable   |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.                 |                                   | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required                                 |
| City & State   | e   | City & State                        |                                   | 6. Election Campaign Financing   | \$5.00 May Be  |
| 23   |   | 28                                  |                                   | Trust Fund Contribution  | Added to Fees  |
| Zip  | Country   | Zip                                 | Country                           | 8. This corporation owes the current year  |  |
| 24   | 25  | 29 3                                | 0                                 | Personal Property Tax.   | ☐Yes ☐No   |
|  | 9. Name and Address of Curren   | t Registered Agent                  | 81 Name                           | 10. Name and Address of New Register   | ed Agent   |
| FRAI   | HM, ERIC L  |                                     | UT Name                           |  |  |
| -1224 S. MILITARY TRAIL  |   |                                     | 82 Street Addr                    | ess (P.O. Box Number is Not Acceptable)  |  |
|  | 2321  |                                     | 83 520                            | Cypress Circle   |  |
| -DEE   | RFIELD BEACH FL-33442   | $\Rightarrow$                       | 84 City 7                         | 1  | 85 Zip Code  |
| •  |   |                                     | l'I' le                           |  | FL  33469  |
| 11. Pursuant   | to the provisions of Sections 607.050   | 2 and 607.1508, Florida Statutes    | , the above-named corp            | oration submits this statement for the purposon's board of directors. I hereby accept the ap | e of changing its registered                                   |
| office or r  | egistered agent, or both, in the other<br>m familiar with, and accept the abiga | itions of, Section 607.0505, Florid | la Statutes.                      | in a poard of directors. Thereby decept and a  | . 40   |
| SIGNATURE  |   | Enc                                 | . L Frahm                         | · /-   | 4-99   |
| SIGHTHORE  | Signature, based or printed name of registered age                              |                                     | egistered Agent signature require |  | AND DIDECTORS IN 40  |
| 12.  |   | ID DIRECTORS                        | 13.                               | ADDITIONS/CHANGES TO OFFICERS  | Change Addition  |
| TITLE  | PTD CDIC I  | [ ] DELETE                          | 1.1 TITLE                         | · ·  | A communication  |
| NAME   | FRAHM, ERIC L<br>1224 SOUTH MILITARY TRAIL, LINIT 2321                          |                                     | 1.2 NAME                          | ton comen Circle   |  |
| STREET ADDRESS   | DEERFIELD BEACH FL.   | - TIMI 5051                         | 1.3 STREET ADDRESS                | 520 apreso Circle<br>eguesta FL 33469  |  |
| CITY-ST-ZIP<br>TITLE   | VSD   | DELETE                              | 1.4 CITY-ST-ZIP Î                 | ajusta re serer  | Change Addition  |
| NAME   | FRAHM; MICHAEL-J-   | 1340NW 46+hst                       | 22 NAME                           |  |  |
| STREET ADDRESS   | 1224 SOUTH MILITARY TRAIL,  | UNIT 2321 PT. LAUDER                | 23 STREET ADDRESS                 |  | • " ;  |
| 1  | DEERFIELD BEACH FL  | FL 33309                            | 2.4 CITY-ST-ZiP                   | •  |  |
| CITY-ST-ZIP  | VSD   | ☐ DELETE                            | 3.1 TITLE                         | /SD  | Change Addition  |
| NAME   | Sto   |                                     |                                   | stowell, Joseph  | <b>,</b> .   |
| STREET ADDRESS   | טזכ   |                                     | 3.3 STREET ADDRESS                | 369 E Dayton Crele   |  |
| CITY-ST-ZIP  |   |                                     | 3.4. CITY-ST-ZIP                  | FT Landerdale FL   | 33312 .  |
| TITLE  |   | ☐ DELETE                            | 4.1 TITLE                         |  | ☐ Change ☐ Addition  |
| NAME   |   |                                     | 4.2 NAME                          |  |  |
| STREET ADDRESS   |   |                                     | 4.3 STREET ADDRESS                |  |  |
| CITY-ST-ZIP  |   |                                     | 4.4 CITY-ST-ZIP                   |  |  |
| TITLE  |   | ☐ DELETE                            | 5.1 TITLE                         |  | Change Addition  |
| NAME   |   |                                     | 5.2 NAME                          |  |  |
| STREET ADDRESS   |   |                                     | 5.3 STREET ADDRESS                |  |  |
| CITY-ST-ZIP  |   |                                     | 5.4 CITY-ST-ZIP                   |  | <u></u>  |
| TITLE  | I   | [ inciete                           | 6.1 TITLE                         |  | ☐ Change ☐ Addition  |
| 1  |   | ☐ DELETE                            |                                   |  |  |
| NAME   |   | DELETE                              | 6.2 NAME<br>6.3 STREET ADDRESS    | •  |  |

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 tystee 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, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

- Venta ( E. ) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR