

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 AUG 21 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000053982 (0)

1. Corporation Name

NEW BEGINNING ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                              |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 3. Date Incorporated or Qualified<br>06/25/1996                                                                                                                              | 3a. Date of Last Report        |
| 4. FEI Number<br>59-3385202                                                                                                                                                  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                                 | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                                        | \$5.00 May Be Added to Fees    |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |

|                                                                                                                                                                          |                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21. New Beginning Enterprises, Inc.<br>Suite, Apt. #, etc.<br>1369-40th Ave. NE.<br>City & State<br>St. Petersburg, FL<br>Zip<br>33703 | 2a. Mailing Address<br>26. New Beginning Enterprises, Inc.<br>Suite, Apt. #, etc.<br>1369-40th Ave. NE.<br>City & State<br>St. Petersburg, FL<br>Zip<br>33703 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

|                                                        |
|--------------------------------------------------------|
| 81. Name                                               |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83.                                                    |
| 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, 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 DATE 8/1/97

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSTD<br>ROWLES, JEANNINE L<br>840 HICKMAN COURTS, SOUTH<br>SAINT PETERSBURG FL 33705<br><input checked="" type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | PSTD<br>James W. Fischer<br>1369-40th Ave, Northeast<br>Saint Petersburg, FL 33703<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                                                                                    | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                                                                                    | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                                                                                    | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                                                                                    | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                                                                                    | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                  |

14. I do 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.

SIGNATURE

CR2E034 (4/97)

P.S. AS per phone conversation  
- on 8-18-97 -

8-18-97

(2)

To: Florida Department of State:  
Attn: Andy Dunlap

From: James W. Fischer "President"  
New Beginnings Enterprises, Inc.

Re: Ref# P96000053982

Dear Andy Dunlap:

The Notice that I had  
Received was my Only Notice  
received & 1st Notice, Not  
2nd Notice, Regardless AS  
to what was written on  
it, AND I'm Not the Only  
person Around my Area, that  
has Not Received formal 1st  
Notice. So I'm enclosing AS  
Instructed by your office, this  
letter explaining the problem &  
that at your office, said you  
would accept my check AS  
payment in full. Thank you