

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 AUG 27 AM 8:23

DOCUMENT # P 960000 61315

1. Corporation Name

NEWPORT HOLDINGS CORPORATION

Principal Place of Business

Mailing Address

625 MAIN STREET, SUITE 100
WINDERMERE, FLORIDA 34786

3. Date Incorporated or Qualified

JULY 29, 1996

3a. Date of Last Report

N.A.

2. Principal Place of Business

2a. Mailing Address

21 625 MAIN STREET

26 SAME

Suite, Apt. #, etc.

22 SUITE 100

27 Suite, Apt. #, etc.

City & State

23 WINDERMERE, FLORIDA

City & State

28

Zip

24 34786

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

JEFFREY L. KLEIN
625 MAIN STREET
SUITE 100
WINDERMERE, FLORIDA 34786

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

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

Signature type or name of registered agent and title if applicable

JEFFREY L. KLEIN - PRESIDENT

DATE

08/05/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE CHAIRMAN
NAME JOHN W. STAPLES
STREET ADDRESS 1714 S. HIAWASSEE RD.
CITY-ST-ZIP ORLANDO, FLORIDA 32835

TITLE PRESIDENT
NAME JEFFREY L. KLEIN
STREET ADDRESS 501 EMORY OAK STREET
CITY-ST-ZIP OCEE, FLORIDA 34761

TITLE EXECUTIVE VICE PRESIDENT
NAME KEVIN D. ROHE
STREET ADDRESS 2512 MISCUNDY PLACE
CITY-ST-ZIP ORLANDO, FLORIDA 32806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/05/97

(407) 876-

Date

Daytime Phone #

CR2E034 (9/96)