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

DOCUMENT # P96000061315 (3)

NEWPORT HOLDINGS CORPORATION

FILED May 11 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address			
625 MAIN STREET SUITE 100 WINDERMERE FL 34786	625 MAIN STREET SUITE 100 WINDERMERE FL 34786		DO NOT WRITE IN THIS S	SPACE
			 Date Incorporated or Qualified 07/29/1996 	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3393329	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	29 30	ountry	8. This corporation owes or has paid the current Personal Property Tax due June 30.	rent year Intangible Yes
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
KLEIN, JEFFREY L 625 MAIN STREET		81 Name		
SUITE 100		82 Street Addr	Street Address (P.O. Box Number is Not Acceptable)	
WINDERMERE FL 34788		83		
		84 City	FI	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 applications of the obligations of, Section 607.0505, Florida Statutes. JEFFREY L. KLEIN 4.29.98 er of registered agent and bite if applicati ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE Change Addition TITLE **3.1 TITLE** STAPLES, JOHN W NAME 1.2 NAME 1714 S. HIAWASSEE RD. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32835 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE KLEIN, JEFFREY L 2.2 NAME NAME **501 EMORY OAK STREET** STREET ADDRESS 2.3 STREET ADDRESS **OCOEE FL 34761** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition Change TITLE ROHE, KEVIN D NAME 3.2 NAME 2512 MISCINDY PLACE STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL 32806 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition Change TITLE 4.1 TITLE NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP __ DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 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 anachment with an address.

SIGNATURE:

PRESIDENT

(401)876-3946