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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000061315

1. Corporation Name

NEWPORT HOLDINGS CORPORATION

Principal Place of Business

625 MAIN STREET
SUITE 100
WINDERMERE FL 34786

Mailing Address

625 MAIN STREET
SUITE 100
WINDERMERE FL 34786

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1996

4. FEI Number

59-3393329

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 37 N. Orange Ave

Suite, Apt. #, etc.

22 Suite 800

City & State

23 Orlando, FL

Zip

24 32801

25

2a. Mailing Address

26 37 N. Orange Ave

Suite, Apt. #, etc.

27 Suite 800

City & State

28 Orlando, FL

Zip

29 32801

30

9. Name and Address of Current Registered Agent

KLEIN, JEFFREY L
625 MAIN STREET
SUITE 100
WINDERMERE FL 34786

10. Name and Address of New Registered Agent

81 Name Klein, Jeffrey L.
82 Street Address (P.O. Box Number is Not Acceptable)
37 N. Orange Ave
83 Suite 800
84 City Orlando FL 85 Zip Code 32801

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-27-99

12. OFFICERS AND DIRECTORS

☒ DELETE

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

TITLE P
NAME KLEIN, JEFFREY L
STREET ADDRESS 501 EMORY OAK STREET
CITY-ST-ZIP OCOCHEE FL 34781

TITLE EV
NAME ROHE, KEVIN D
STREET ADDRESS 2512 MISCINDY PLACE
CITY-ST-ZIP ORLANDO FL 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 37 N. ORANGE AVENUE, STE. 800

2.4 CITY-ST-ZIP ORLANDO, FLORIDA 32801

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4-27-99 407.872.1197

Date

Daytime Phone #

CR2E034 (11/98)