


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 24, 2004 8:00 am**  
**Secretary of State**

08-24-2004 90001 013 \*\*\*550.00

<b>DOCUMENT # P96000063562</b>					
1. Entity Name <b>NEWPORT SERVICES CORPORATION</b>					
Principal Place of Business <b>384-B GOLFVIEW RD NORHT PALM BEACH FL 33408</b>			Mailing Address <b>P.O. BOX 14188 NORTH PALM BEACH FL 33408</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3393333</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**34063638**



MOORE CR2E034 (4/04)

6. Name and Address of Current Registered Agent  <b>DUNN, RAMSEY W 201 E PINE STREET SUITE 425 ORLANDO FL 32801</b>				7. Name and Address of New Registered Agent Name <b>Peter N. Hill, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1851 West Colonial</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32804</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							

<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State</b>	S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KLEIN, JEFFREY L</b>			NAME			
STREET ADDRESS	<b>384-B GOLFVIEW RD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NORHT PALM BEACH FL 33408</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KLEIN, KAREN V</b>			NAME			
STREET ADDRESS	<b>384-B GOLFVIEW RD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NORHT PALM BEACH FL 33408</b>			CITY-ST-ZIP			
TITLE	<b>Co-Receiver</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>Savino, William F.</b>			NAME			
STREET ADDRESS	<b>298 Main Street, 1000 Cathedral Pl.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>Buffalo, NY 14202</b>			CITY-ST-ZIP			
TITLE	<b>Co-Receiver</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>Fiorella, Peter J.</b>			NAME			
STREET ADDRESS	<b>155 Summer St.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>Buffalo, NY 14222</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEE ATTACHMENT 8/19/04 716-858-3271

Date

Daytime Phone #

ATTACHMENT 524069638  
#P96000063562

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ATTACHMENT

12. SIGNATURE:

William F. Savino, Esq. as co-receiver, having received 1% partnership interest and having received, as assignee all the rights of Newport Services, Corp, the Managing Partner and Authorized Agent of Safestor.