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

**FILED** Apr 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name P97000094107 (4) NEW BEGINNINGS MKT INC. Principal Place of Business Mailing Address 1200 NW 16TH COURT #11 1200 NW 16TH COURT #11 **BOCA RATON FL 33486 BOCA RATON FL 33486** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/03/1997 2. Principal Place of Business 2a. Mailing Address Applied For NW 1674 CT. 1.200 NW 1200 65-079091 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 11 Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be Boca Rajon Ph 3 23 Trust Fund Contribution Added to Fees Palm bets 8. This corporation owes or has paid the current year Intangible... 25 Jalm BCH Yes 29 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MARKS, ZACHARY LEE narks 1200 NW 16TH COURT #11 82 **BOCA RATON FL 33486** Zip Code 33 4-8 6 84 City Boca ajon 7.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of ligations of Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Section office or registered agent, or both agent. I am familiar with, and acc Oresidens SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE Change 1.1 TITLE TITLE markes 1.2 NAME NAME m a. #11 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change ■ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE Marks NAME 3.2 NAME Marcos STREET ADDRESS **3 3 STREET ADDRESS** 33434 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 printal 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 impowered 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 adjustment with an address.

4. 2 NAME

5 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

**5.3 STREET ADDRESS** 

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 City-St-ZIP

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST- ZIP

Addition

Addition

Change

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