

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90080 036 ***150.00

DOCUMENT # P97000098174

1. Corporation Name
NEW START, INC.

Principal Place of Business
105 S. NARCISSUS AVE.
SUITE 701 412
WEST PALM BEACH FL 33401

Mailing Address
105 S. NARCISSUS AVE.
SUITE 701 412
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/18/1997

4. FEI Number
65-0810327

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

PARRISH, BRUCE W JR.
105 S. NARCISSUS AVE.
SUITE 701 412
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name JOHN KUCKKU

82 Street Address (P.O. Box Number is Not Acceptable)

83 917 N LOXAHATCHEE DRIVE

84 City

Jupiter

FL

85 Zip Code 33458

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.

(NOTES: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KUCKKU, HEDY
STREET ADDRESS 1100 N.E. 91 ST.
CITY-ST-ZIP MIAMI FL 33138

TITLE ~~Secretary~~
NAME ~~JOHN KUCKKU~~
STREET ADDRESS ~~917 N LOXAHATCHEE DR~~
CITY-ST-ZIP ~~JUPITER FL 33458~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ~~President~~ DIRECTOR ☐ Change ☒ Addition
1.2 NAME JOHN KUCKKU
1.3 STREET ADDRESS 917 N LOXAHATCHEE DR
1.4 CITY-ST-ZIP JUPITER, FL 33458

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 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

JOHN KUCKKU 4/20/99 561-743815

Date

Daytime Phone #

CR2E034 (1/1/98)