

ANNUAL REPORT  
1999Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000002078

1. Corporation Name

NEWTREND TECHNOLOGIES, INC.

Principal Place of Business  
202 CHURCHILL DR  
LONGWOOD FL 32779Mailing Address  
202 CHURCHILL DR  
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1998

4. FEI Number

59-3483655

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax.☐ Yes☐ No

9. Name and Address of Current Registered Agent

WHITE, CHARLES M  
202 CHURCHILL DR  
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Chairman / CEO
NAME	WHITE, CHARLES M	1.2 NAME	
STREET ADDRESS	202 CHURCHILL DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	President
NAME	WEBSTER, PAUL	2.2 NAME	
STREET ADDRESS	272 HUNTERS POINT TR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	KELGREN, JOHN	3.2 NAME	
STREET ADDRESS	209 GRANITE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	PITA, CARLOS	4.2 NAME	
STREET ADDRESS	2634 GRAMERCY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32738	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 807, 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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jul 14, 1999 8:00 am  
Secretary of State

07-14-1999 90004 002 \*\*\*150.00

08-02-1999 90002 050 \*\*\*408.75

5/9/99 (407) 774-0653