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

DOCUMENT # P98000077905

NEW WEALTH STRATEGIES, INC.

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90007 019 ***300.00

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Principal Place	of Business	Mailing Address				/1011 # \$100 1 TH \$11 1 TH \$15 1 1811)	######################################
5030 CHAMPION BLVD G-6 #258 5030 CHAMPION BLVD G-6 #258 BOCA RATON FL 33496 BOCA RATON FL 33496					N TUIS 82405		
					DO NOT WRITE	N THIS SPACE	
					 Date Ir corporated or Qualifed 09/04/1998 		
2. Principa Pi	ace of Business	2a. Mailing Address			4. FEI Number 00/200	// Ar	pried For
21		26			65-0850317		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifc ite of Status Desired		Additional ecuired
City & Stat	e	City & State			6. Election Campaign Financing	¬ \$5.00	May Be
23		28			Trust Fund Contribution	Added	tc Fees
Zip	Country	Zip	Cour	.try	8. This or rporation owes the current		
24	25	29	30		Persor al Property Tax.	Yes	l Z No
	9. Name and Address of Curr	ent Registered Agent		ZAT ::-	10. Name and Address of New Reg	stered Agent	
			[81 Name		ı	
	T, RICHARD		ŀ	82 Street A	cdress (P.O. Boy Number is Not Acceptable) OP I A	
	CHAMPION BLVD G-6 #258				cdress (P.O. Boy Mumber is Not Acceptable	M UKIUB	
BOC	A RATON FL 33496			83			
			}	84 City 💋	2-04 0-	85 Zip-	500/
ŀ			1	/ //X	OCA KATON	FL 55	5.17 <u>6</u>
11. Pursuant	to the provisions of Section 607.0	502 and 607.1508, Florida Sta	atutes, the ab	ove-named c	crporation submits this statement for the pure tion's board of cirectors. I hereby accept the	pose of changing its	registered
office crr	egistered agent, or both, if the Sta m familiar with, and accept the obli	gations of Section 2019 9505.	Florida Statu	by the corpor tes.	ation's board of Chectors. Thereby accept the	e appointment as to	,g stered
SIGNATURE	Machael	1. Len				9-1-49	İ
SIGNATURE	Signature, typed or printed ha ne of registered a	igent and title if applicable. (N	OT :: Registered	sgent signature rec	n ired when reinstating)	DATE	
12.	OFFICERS	ANE DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	OFIS IN 12
TITLE	D	☐ DELETE	1.1 1111	.E	P,T,D	Change	
NAME	GANT, RICHARD		1.2 NA	Æ	9031 LONG LAILE PA BOCA PRATON, FL	INITALIA	م
STREET ADORE 3S	5030 CHAMPION BLVD G-6	#258	1.3 STF	REET ADDRESS	1031 Come cores PA	2:46/	
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CIT	Y-ST-ZIP	BOCA RATON, PL	55776	
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CITY-ST-ZIP			2 4 CF	Y-ST-ZIP			
TITLE		☐ DELETE				☐ Change	Addition
NAME			3.2 NA	AE .			
STREET ADDRESS			3.3 ST	REET ADDRESS			
CITY-ST-ZIP			li li	Y-ST-ZIP			
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				REET ADDRESS			
STREET ADDRESS				Y-ST-ZIP			
TITLE	 	DELETE				Change	Addition
1		_ 520272	62 NA	ļ		_ ,	_
NAME CTREET APPRE				REET ADDRESS			
STREET ADDRE 3S				Y-ST-ZIP			
CITY-ST-ZIP	İ		9.4 CH	1-01-415			

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 recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes from an attachment with an address, with all other like empowered.

SIGNATURE: