## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT # NEW DAWN PROPERTY CORPORATION** 4905 failing Address hcipal Place of Business 34TH SOUTH 4226 34TH ST SOUTH SUITE 331 #331 ST PETERSBURG FL 33711 ST PETERSBURG FL 33711 3a. Date of Last Report 05/01/1995 3. Date Incorporated or Qualified 02/13/1991 US 4. FEI Numbe Applied For 2a. Mailing Adoress 2. Principal Place of Business 65-0281110 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired  $\Box$ Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be Oity & State Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation has liability for intangible tax under s 199.032, Zip Country Yes No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LINTON, NORMANOUTH Street Address (P.O. Box Number is Not Acceptable) 82 4225 34TH ST SOUTH 83 ST PETERBURG FL 33711 Zip Code 84 City 85 4905 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) CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change D ☐ Addition DELETE 1. 1 TITLE DILE LINTON, NORMAN 1.2 NAME NAME 4275 34TH ST S #331 13 STREET ADDRESS STREET ADDRESS ST PETERBURG FL 14 CITY-ST-ZIP CITY-ST-ZIF Change ■ Addition DELETE 2 1 TITLE TITLE 4905 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST- ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE THILE 3.2 NAME NAME STREET ADDRESS 3.3. STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4. 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-SI-ZIP Change ☐ Addition DELETE 5. 1 TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ DELETE 6.1 TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - 7IP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 for on an attachment with an address. 67 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR