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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$31563

1. Corporation Name

NEW DAWN PROPERTY CORPORATION					
PMB	•				
Principal Place	e of Business	Mailing Address			
4905 34TH ST	\$	4905 34TH ST S			
# 5600 PMB - 572 5600			DO NOT WRITE IN TH	HE EDACE	
ST PETERSBURG FL 33711 ST PETERSBURG FL 33711				DO NOT WRITE IN TH 3. Date Incorporated or Qualifed	IIS SPACE
US				02/13/1991	
2. Principal P	face of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0281110	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		City & State		The second secon	
City & Stat	e	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zíp	Country	8. This corporation owes the current year	
24	25	29 3	0	Personal Property Tax.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	ed Agent
LINIT	ON MODMAN		81 Name		
LINTON, NORMAN			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
4905 34TH ST S STE 5600 ST PETERBURG FL 33711			83		
			84 City		85 Zip Code
					L '
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	f Florida. Such change was aut	horized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	pointment as registered
	,	3115 51, 550a511 551.5555, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
SIGNATURE	•		legistered Agent signature require	d when reinstating) DATE	
	Signature, typed or printed name of registered agent of OFFICERS AND	and title if applicable. (NOTE: F		d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE: F	egistered Agent signature require		AND DIRECTORS IN 12 Change Addition
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND D LINTON, NORMAN PMB	and title if applicable. (NOTE: F	tegistered Agent signature require		
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent a OFFICERS AND LINTON, NORMAN PMB 14905 34TH ST S SEE 5600	and title if applicable. (NOTE: F	13.		
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent a OFFICERS AND D LINTON, NORMAN PMB	and title if applicable. (NOTE: F	tegistered Agent signature require 13. 1.1 TITLE 1.2 NAME		☐ Change ☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent a OFFICERS AND LINTON, NORMAN PMB 14905 34TH ST S SEE 5600	and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent a OFFICERS AND LINTON, NORMAN PMB 14905 34TH ST S SEE 5600	and title if applicable. (NOTE: F	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent a OFFICERS AND LINTON, NORMAN PMB 14905 34TH ST S SEE 5600	and title if applicable. (NOTE: F	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent a OFFICERS AND LINTON, NORMAN PMB 14905 34TH ST S SEE 5600	and litte if applicable. (NOTE: FI	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition ☐ Change ☐ Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent a OFFICERS AND LINTON, NORMAN PMB 14905 34TH ST S SEE 5600	and litte if applicable. (NOTE: FI	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		☐ Change ☐ Addition ☐ Change ☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent a OFFICERS AND D LINTON, NORMAN PMB 4905 34TH ST S SE 5600 ST PETERBURG FL	and litte if applicable. (NOTE: FI	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition ☐ Change ☐ Addition
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6.4 CITY-ST-ZIP 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 a attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(B) HA FSF