

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S61616** (6)  
1. Corporation Name  
**NEWMAN SYSTEMS & TELECOMMUNICATIONS, INC.**

Principal Place of Business <b>15620 SW 54 ST. MIAMI FL 33185</b>	Mailing Address <b>15620 SW 54 ST. MIAMI FL 33185</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>245 Ridgewood Rd</b> Suite, Apt. #, etc. 22 City & State 23 <b>Key Biscayne FL</b> Zip Country 24 <b>33149</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>245 Ridgewood Rd</b> Suite, Apt. #, etc. 27 City & State 28 <b>Key Biscayne FL</b> Zip Country 29 <b>33149</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>06/20/1991</b>	3a. Date of Last Report <b>07/01/1996</b>
				4. FEI Number <b>65-0270808</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>NEWMAN, JOHN 15620 SW 54 ST. MIAMI FL 33185</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>245 Ridgewood Road</b> 83 84 City <b>Key Biscayne</b> FL 85 Zip Code <b>33149</b>	
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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	DP <b>NEWMAN, JOHN</b> STREET ADDRESS <b>15620 SW 54 ST.</b> CITY-ST-ZIP <b>MIAMI FL</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	<b>245 Ridgewood Rd</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Key Biscayne FL 33149</b>
TITLE	ST <b>NEWMAN, JOHN</b> STREET ADDRESS <b>15620 SW 54 ST.</b> CITY-ST-ZIP <b>MIAMI FL</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	<b>245 Ridgewood Rd</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Key Biscayne FL 33149</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

*John Newman* **John Newman** 7-21-97 305-361-8255

CR2E034 (4/97)