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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V03169

(2)

1. Corporation Name

WILLIAM DAVID NEWMAN, JR., P.A.

Principal Place of Business

1655 PALM BEACH LAKES BLVD.
800
WEST PALM BEACH FL 33401
US

Mailing Address

1655 PALM BEACH LAKES BLVD.
800
WEST PALM BEACH FL 33401-2253
US

2. Principal Place of Business

21 1162 LAGUNA SPRINGS DRIVE

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FORT LAUDERDALE, FL

City & State

28

Zip

24 33326

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

NEWMAN, WILLIAM DAVID, JR.
1655 PALM BEACH LAKES BLVD
SUITE 800
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified

12/23/1991

3a. Date of Last Report

07/02/1996

4. FEI Number

65-0306247

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

WM. DAVID NEWMAN, JR.

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

1162 LAGUNA SPRINGS DR.

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33326

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

WM. David Newman

WM. DAVID NEWMAN, JR. 2-6-97

Signature, type or printed name of registered agent and file if applicable

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME NEWMAN, WILLIAM DAVID
STREET ADDRESS 1655 PALM BEACH LAKES BLVD. #800
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME NEWMAN, WM. DAVID
1.3 STREET ADDRESS 1162 LAGUNA SPRINGS DR
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33326

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: WM. David Newman

WM. DAVID NEWMAN, JR. PRES.

WM. DAVID NEWMAN, JR.

Date

Daytime Phone #

0295305

CR2E034 (9/96)