

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V48173** (1)

1. Corporation Name

NEW AMERICAN FINANCIAL, INC.



Principal Place of Business

Mailing Address

**3844 W BROWARD
PLANTATION FL 33312
US**

**3844 W BROWARD
PLANTATION FL 33312
US**

2. Principal Place of Business

2a. Mailing Address

21 **3336 W. Broward**

26 **3336 W. Broward**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Ft Lauderdale**

28 **Ft Lauderdale**

Zip

Zip

Country

Country

24 **33312**

25 **USA**

29 **33312**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/01/1992

3a. Date of Last Report

06/02/1995

4. FBT Number

65-0347189

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**HARRIS, JOE K.
3844 W BROWARD BLVD
PLANTATION FL 33312**

81. Name

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

3336 W. Broward

83

84

Ft Lauderdale

FL

85 Zip Code

33312

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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

Joe K. Harris

JOE K. HARRIS

3-27-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HARRIS, JOE K.**
CITY-ST-ZIP **3400 N.W. 7TH ST.
FT. LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

14. I do 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), or on an attachment with an address.

SIGNATURE:

Joe K. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96

**(954)
321-0633**

CR2E034 (12/95)