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FLORIDA DEPARTMENT OF STATE
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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P22883** (3)

1. Corporation Name
NEUTEK, INC.

Principal Place of Business Mailing Address

1201 18TH PLACE SECOND FLOOR VERO BEACH FL 32960
P.O. BOX 650548 VERO BEACH FL 32965

2. Principal Place of Business 2a. Mailing Address

21 **676 REEF ROAD** 26 **676 REEF ROAD**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State **VERO BEACH, FL** 28 City & State **VERO BEACH, FL**

24 Zip **32963** 25 Country **INDIAN RIVER** 29 Zip **32963** 30 Country **INDIAN RIVER**

3. Date Incorporated or Qualified **02/06/1989** 3a. Date of Last Report **04/06/1994**

4. FEI Number **65-0064070** 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

9. Name and Address of Current Registered Agent

WARRINER, CHERYL
917 TURTLE COVE LANE
***VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

B1 Name **WARRINER, CHERYL**

B2 Street Address (P.O. Box Number is Not Acceptable) **1480 S. OCEAN DRIVE**

B3 **APT 5B**

B4 City **VERO BEACH** FL B5 Zip Code **32963**

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 _____ DATE _____
Signature Types or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDALL, JAMES M.	1.2 NAME	
STREET ADDRESS	697 REEF ROAD	1.3 STREET ADDRESS	
CITY, ST, ZIP	VERO BEACH FL 32963	1.4 CITY, ST, ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNER, ROBERT	2.2 NAME	
STREET ADDRESS	46 RICHMOND ST.	2.3 STREET ADDRESS	
CITY, ST, ZIP	OCEAN ISLE BCH. NC 28459	2.4 CITY, ST, ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWENK, GEORGE	3.2 NAME	
STREET ADDRESS	MERRIAM HILL ROAD	3.3 STREET ADDRESS	
CITY, ST, ZIP	MASON NH 03048-4607	3.4 CITY, ST, ZIP	
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARRINER, CHERYL	4.2 NAME	
STREET ADDRESS	917 TURTLE COVE LANE (ADDRESS CHANGE ONLY)	4.3 STREET ADDRESS	1480 S. OCEAN DRIVE, APT 5B
CITY, ST, ZIP	VERO BEACH FL	4.4 CITY, ST, ZIP	VERO BEACH, FL 32963
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 1807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **GEORGE G. SCHWENT** 5/1/95 (603) 880-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR