

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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: **676 REEF ROAD VERO BEACH FL 32963**  
Mailing Address: **676 REEF ROAD VERO BEACH FL 32963**

3. Date Incorporated or Qualified: **02/06/1989**  
3a. Date of Last Report: **05/01/1995**  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
21, 22, 23, 24: Suite, Apt. #, etc.; City & State; Zip; Country  
26, 27, 28, 29, 30: Suite, Apt. #, etc.; City & State; Zip; Country

**9. Name and Address of Current Registered Agent**

**WARRINER, CHERYL  
1480 S. OCEAN DRIVE  
APT. 5B  
VERO BEACH FL 32963**

*(CHANGE OF NAME & ADDRESS, NOT OF AGENT)*

**10. Name and Address of New Registered Agent**

81 Name: **QUESNAL, CHERYL**  
82 Street Address (P.O. Box Number is Not Acceptable): **4830 50TH AVE**  
83  
84 City: **VERO BEACH** FL 85 Zip Code: **32967**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation on 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, typed or printed name of registered agent and the filer applicable. (NOTE: Registered Agent's signature required if incorporated.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENDALL, JAMES M.</b>	2. NAME	
STREET ADDRESS	<b>697 REEF ROAD</b>	3. STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	4. CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BONNER, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>46 RICHMOND ST.</b>	2.3 STREET ADDRESS	<b>1385 S. CHURCH ST, APT A-3</b>
CITY-ST-ZIP	<b>OCEAN ISLE BCH. NC 28459</b>	2.4 CITY-ST-ZIP	<b>LAKE CITY, FL 32055</b>
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWENK, GEORGE</b>	3.2 NAME	
STREET ADDRESS	<b>MERRIAM HILL ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MASON NH 03048-4607</b>	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARRINER, CHERYL</b>	4.2 NAME	<b>QUESNAL, CHERYL</b>
STREET ADDRESS	<b>1480 S. OCEAN DRIVE APT. 5B</b>	4.3 STREET ADDRESS	<b>4830 50TH AVE</b>
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	4.4 CITY-ST-ZIP	<b>VERO BEACH, FL 32967</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>500001774779</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-04/10/96--01012--011</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***200.00</b>
TITLE	<input type="checkbox"/> DELETE	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 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: *George G. Schwenn* **GEORGE G. SCHWENN** 2/21/96 (603) 880-0300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Printed

CR2E034 (12/95)

*Handwritten initials and date: 2/21/96*