

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32963-2803
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/06/1989	3a. Date of Last Report 04/09/1996
22	27	4. FEI Number 65-0064070	Applied For Not Applicable
23	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25	30	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent QUESNAL, CHERYL 4830 50TH AVE. VERO BEACH FL 32967		10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code	
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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: *James M. Kendall* (James Kendall, President) DATE: **4/2/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNER, ROBERT	2.2 NAME	
STREET ADDRESS	1385 S. CHURCH ST., APT. A-3	2.3 STREET ADDRESS	
CITY, ST, ZIP	LAKE CITY FL 32055	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUESNAL, CHERYL	4.2 NAME	
STREET ADDRESS	4830 50TH AVE.	4.3 STREET ADDRESS	
CITY, ST, ZIP	VERO BEACH FL 32967	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<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 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: *James M. Kendall* DATE: **4/2/97** TELEPHONE: **561-231-2631**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES M. KENDALL

CR2E034 (9/96)