

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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90009 033 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000010877

1. Corporation Name
NEO SYSTEMS INC.

Principal Place of Business 15501 BRUCE B DOWNS #4322 TAMPA FL 33647	Mailing Address 15501 BRUCE B DOWNS #4322 TAMPA FL 33647
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date incorporated or Qualified 02/02/1998	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3489661	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KOMMIREDDY, RAMA K
 15501 BRUCE B DOWNS #4322
 TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 K. Rama Krishna DATE 04/23/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMA K KOMMIREDDY	1.2 NAME	
STREET ADDRESS	15501 BRUCE B DOWNS # 4322	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARI INAMPUDI	2.2 NAME	
STREET ADDRESS	15501 BRUCE B DOWNS # 4322	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAISHNAVI DAMODARAN	3.2 NAME	
STREET ADDRESS	15501 BRUCE B DOWNS # 4322	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SRIKANTH KANNEGANTI	4.2 NAME	
STREET ADDRESS	15501 BRUCE B DOWNS # 4322	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANISHREE SHIMOGA	5.2 NAME	
STREET ADDRESS	15501 BRUCE B DOWNS # 4322	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	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 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, with all other like empowered.

SIGNATURE: K. Rama Krishna **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 04/23/99

Date

Daytime Phone #

CR2E034 (1/198)