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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

FAIRVIEW HEIGHTS RD

ZEPHYRHILLS FL 33539

Suite, Apt. #, etc.

City & State

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 2264

26407

(5)

Mailing Address

2a. Mailing Address

City & State

Zip

26

27

28

29

ZEPHYRHILLS FL 33539

Suite, Apt. #, etc.

PO BOX 1647

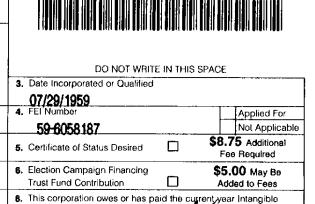
NEUKOM PROPERTIES, INC.

Country

9. Name and Address of Current Registered Agent

25

FILED
Feb 17 1998 8:00am
Secretary of State



Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

NEUKOM, ANN BROOKE
38444 5TH AVENUE (MAILING ADDRESS)
ZEPHRYHILLS FL 33540

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

83

84 City

FL 85 Zip Code

B1 Name

Country

30

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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE PD DELETE Change ☐ Addition NAME **NEUKOM JR.GEORGE A** 12 NAME 38444 5TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS ZEPHYHILLS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE STD 2.1 TITLE ☐ Change Addition MALLE **NEUKOM. ANN BROOKE** STREET ADDRESS 38444 5TH AVENUE 2.3 STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE ☐ Change ■ Addition NAME OAKLEY, TAMARA NEUKOM 3.2 NAME STREET ADDRESS PO BOX 4170 N/A 3.3 STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 3.4. CHTY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NEUKOM, GEORGE A., III NAME 4 2 NAMI STREET ADDRESS 38444 5TH AVENUE 4.3 STREET ADDRESS ZEPHYRHILLS FL CITY-ST-7/P 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 roce ver or trusted only live in the occurate and that my signature by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an air imment with area. Sess.

CR2E034 (10/97)

□ No