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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

498688

(1)

THE NEPTUNE SOCIETY OF FLORIDA, INC.

**DOCUMENT #** 1. Corporation Name

**FILED** May 01 1996 8:00 am Secretary of State



Principal Place of Business Mailing Address					s conne ninen enter effent mitter beidt führ Befett Biblt Gibit Bibit Bibit bibit filbit				
5511 CENTRAL AVENUE 5511 CENTRAL AVENUE ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33			UE	740					
	5.13 12 33113	SI. PETENSBUNG FL	33/10						
						3. Date Incorporated or Qualified 3. 03/11/1976	a. Date of 05/0		
2. Principal Plac	ice of Business	2a. Mailing Address		•		4. FEI Number		7	Applied For
		26			59-1677628			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$0.75 Addition				
City & State		27				5. Certificate of Status Desired	,		Required
23		City & State				6. Election Campaign Financing		\$5.0	00 May Be
Zip	Country	<b>28</b>				Trust Fund Contribution	J	Adde	ed to Fees
24	25 29		Country			B. This corporation has liability for intang		nder s	199.032,
	g. Name and Address of Current	Registered Agent	[30]			Florida Statutes Yes			
				81	Name	10. Name and Address of New Regis	tered Age	nt	
ANDERSO	ON, DAVID W.		Ĺ						
2181 INDIAN ROCKS ROAD				82 Street Address (P.O. Box Number is Not Acceptable)					
LARGO 34	4644		}	B3					
			[7	84	City		<b>-</b> 8	<b>5</b> Zi	p Code
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508. Florida Statute	es the abov	<u>1</u>	amed cornors	ation submits this statement for the purpose	FL  °	Ц.	
or registered familiar with.	d agent, or both, in the State of Florid , and accept the obligations of, Section	a. Such change was authorize	ed by the co	orpo	oration's board	ation submits this statement for the purpose d of directors. I hereby accept the appointme	ent as regi	ng its i stere:	registered office Jagent, Lam
SIGNATURE	, and decept the congenions of coolie	on bor .0000, monda Statutes	<b>.</b>				Ü		
	gnature, typed or printed name of registered agent a	nd title if applicable (NO	TE: Registered A	Agent	signature required	when reinstation			
12.	OFFICERS AND	DIRECTORS	13.	•		ADDITIONS/CHANGES TO OFFICERS	S AND DIE	ECT	NDO IN 10
TITLE	PTD	☐ DELETE	1. 1 1)7	LE		THE STATE OF THE S			Addition
NAME	WEINTRAUB, EMANUEL		1.2 NAM	ME				ia igo	
STREET ADDRESS	930 W ALAMEDA AVE		1.3 STR	EET A	ADDRESS				
CITY-ST-ZIP	BURBANK CA		1.4 C(T)	y-St	-ZIP				
TITLE	SD BELL WENERALIS HOOLIEN	DELETE	2. 1 7(1)	LE			[] Cr	ange	Addition
	BELL-WEINTRAUB, JACQUELI		2 2 NAM	<b>ME</b>					
	930 W. ALAMEDA AVENUE		2 3 STR	EET A	NODRESS				
	BURBANK CA		2 4 CITY	(-ST	- ZIP				
TITLE	STARK, LINDA	☐ DELETE	3 1 TITL	LE			☐ Ch	ange	☐ Addition
	80 MAIN STREET		3.2 NAM	4E					
	W ORANGE NJ		33 STR	EET A	ADDRESS				
CITY-ST-ZIP TITLE	JINHOL HU	□ btirr	3.4 CITY		- ZIP				
NAME		☐ DELETE	4. 1 TITL			<del></del>	☐ Ch	ange	☐ Addition
STREET ADDRESS			4.2 NAM						
CITY-SI-ZIP			4.3 STRE						
TITLE					-7IP ]				
		∏ NEI ETE	4.4 City		<del></del>				
NAME		DELETE	5. 1 TITL	E			☐ Ch	ange	Addition
NAME STREET ADDRESS		☐ DELETE	5. 1 TITL 5.2 NAMI	E E			☐ Ch	ange	Addition
STHEET ADDRESS		☐ DELETE	5.1 TITL 5.2 NAM 5.3 STRE	E E ET Al	DDRESS		☐ Ch	ange	Addition
STREET ADDRESS CITY-S1-ZIP			5. 1 TITL 5.2 NAM 5.3 STRE 5.4 CITY	E E Et al -St-	DDRESS		-		
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	5. 1 TITL 5.2 NAMI 5.3 STRE 5.4 CITY 6. 1 TITLI	E E Et al -St- E	DDRESS		☐ Ch		Addition  Addition
STREET ADDRESS CITY-S1-ZIP			5. 1 TITL 5.2 NAMI 5.3 STRE 5.4 CITY 6. 1 TITLI 6.2 NAME	E E	DDRESS ZIP		-		
STHEET ADDRESS CITY-S1-ZIP TITLE NAME			5. 1 TITL 5.2 NAMI 5.3 STRE 5.4 CITY 6. 1 TITLI	E E ET AI - ST - E E ET AL	DORESS ZIP DORESS		-		

Pated 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 actor of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name affichanged, or op an attackiment with an address. oath; that I am an officer or o appears in Block 12 or Block

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

818 845 2415