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May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 616843 (9)
1. Corporation Name
NEUHAUS ENTERPRISES, INC.

Principal Place of Business Mailing Address
4685 N TAMiami TRAIL 4685 N TAMiami TRAIL
SARASOTA FL 34234 SARASOTA FL 34234



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/09/1979 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-1915457 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Zip | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. Name and Address of Current Registered Agent ELLIS, RICHARD 3202 N TRAIL SUITE B SARASOTA FL 33580 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81 | Name |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | | | 83 | |
| | | | | 84 | City |
| | | | | FL | 85 Zip Code |

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) | | DATE | |
|----------------------------|--------------------|---|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | PD | NAME | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| NAME | NEUHAUS, KENNETH E | STREET ADDRESS | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| CITY-ST-ZIP | 919 SUNRIDGE DRIVE | CITY-ST-ZIP | | 1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | SARASOTA FL | | | 1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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 the 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Kenneth E. Neuhaus
Date: 4/29/98
Daytime Phone #: 941-355-5768

CR2E034 (10/97)