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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 698548

(5)

NEKTON U.S.A., INC.

Principal Place of Business

Mailing Address		
A 4405 COTIL OTDEET	A.F	

FILED

Jan 26 1998 8:00am

Secretary of State

24 25 29 30 Personal Prop 9. Name and Address of Current Registered Agent WEINBERG, EDWARD H. 14405-60TH STREET, N. CLEARWATER FL 34620 82 Street Address (P.O. Box Numb 83 Street Address (P.O. Box Numb 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directed agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	Applied For Not Applicable Status Desired S8.75 Additional Fee Required paign Financing \$5.00 May Be Added to Fees on owes or has paid the current year Intangible erty Tax due June 30. Yes No iddress of New Registered Agent FL 85 Zip Code statement for the purpose of changing its registered ors. I hereby accept the appointment as registered		
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SIGNATURE			
Signature, wood or printed name of registered agent and tille if applicable. (NOTE, Registered Agent signature required when reinstalling)	Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstalling) DATE		
	IANGES TO OFFICERS AND DIRECTORS IN 12		
TILE PD DELETE 11TILE P.S.D.	X Change Addition		
NAME WEINBERG, EDWARD H. 12 NAME Weinberg, E	dward H		
REET ADDRESS 7600 SUN ISLAND SOUTH 13 STREET ADDRESS 7600 Sun Island South			
	ena, FL 33707		
THE D ADELETE 21 THE	Change Addition		
NAME WEINBERG, HELEN B. 2.2 NAME			
COURT PAGADRIA EI			
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THILE DELETE 4.1 TITLE	Change Addition		
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TITLE DELETE 6,1 TITLE	☐ Change ☐ Addition		
NAME 6.2 NAME			
STREET ADDRESS			
CITY-ST-ZIP 6.4 CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1),	Elerida Statutes, I further certify that the information		

4. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. I righter certify that the information indicated on this annual report or supplementary 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 these effect or trustee empoyered the control of the corporation or these effect of the corporation or the corporation of t

SIGNATURE:

1-13-98 813.939-0300