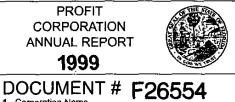
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90081 002 ***150.00

NEFF EN	NTERPRISES CORPORATION	N							
Principal Place of Business Mailing Address 3655 SO. SUNCOAST BLVD. 3655 SO. SUNCOAST BLVD.						- - - - -	Milit Mill Mill Mi	 	
HOMOSASSA SPRINGS FL 34448 HOMOSASSA SPRINGS FL 3			/444 0			DO NOT WRITE IN THIS SPACE			
•						3. Date Incorporated or Qualife	d		
						03/24/1981			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			plied For
21 26						59-2075449			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75 A Fee Red	
22 City & Stat	27 City & State				6. Election Campaign Financing		\$5.00	——	
23	•	28	,			Trust Fund Contribution	" □	Added to	
Zip	Country	Zip	Country	1		8. This corporation owes the cu	arrent year into		
24	25	29 30	o			Personal Property Tax.			ØNo
	9. Name and Address of Curren	t Registered Agent			_	10. Name and Address of New	Registered /	Agent	
NCC	E CTEVEN R		81	Nam	è		•		
NEFF, STEVEN B 11678 WEST TIMBERLANE DR				Stre	et Addres	Address (P.O. Box Number is Not Acceptable)			
HOMOSASSA SPRINGS FL 34448			83	<u> </u>			- ·-		
,,,,,,			83					_	\
A SAN SAN SAN				City			FL	85 Zip C	Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statutes, of Florida. Such change was autitions of, Section 607.0505, Florid	, the above horized by la Statutes	e-name the co	d corpor rporation	ration submits this statement for the 's board of directors. I hereby acc	e purpose of ept the appoir	changing its itment as rec	registered gistered
SIGNATURE	Signature, typed or printed name of registered ager					when reinstating)	DATE		
12.		ID DIRECTORS	13.	is signatu	e reduned v	ADDITIONS/CHANGES TO C		D DIRECTO	RS IN 12
T/II,E	PT	☐ DELETE	1.1 TITLE		_			Change	☐ Addition
NAME	NEFF, STEVEN B.		1.2 NAME						
STREET ADDRESS	11678 W TIMBERLANE OR		1.3 STREET	FADDRES	is		,		}
CITY-ST-ZIP	HOMOSASSA SPRINGS FL		1.4 CITY-S	T-ZIP					
TITLE	VS	☐ DELETE	2.1 TITLE					Change	☐ Addition
NAME	NEFF, JEREMY S.		2.2 NAME						
STREET ADDRESS	11678 W TIMBERLANE DR	r e	2.3 STREET	ADDRES	s	-	-		ا ح
CITY-ST-ZIP	HOMOSASSA SPRINGS FL		2.4 CITY-S	T- ZIP	-				
TITLE		☐ DELETE	3.1 TITLE					☐ Change	Addition
NAME			3.2 NAME						Ì
STREET ADDRESS			3.3 STREET		SS				1
CITY-ST-ZIP TITLE		DELETE	3.4. CITY- S 4.1 TITLE	1- ZP				Change	Addition
NAME /			4.2 NAME						
STREET ADDRESS		;	4.3 STREET	r ADDDES	,e				}
CITY-ST-ZIP			4.4 CITY-S		~				
TITLE		DELETE	5.1 TITLE	1 · CH-	+			Change	Addition
NAME		_	5.2 NAME					- •	_
STREET ADDRESS		İ	5.3 STREET	ADDRES	is ((
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					[
TITLE		☐ DELETE	6.1 TITLE		7			Change	Addition
NAME			6.2 NAME						
STREET ADDRESS		,	6.3 STREET	ADDRES	s				s.

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 changes or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP