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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **F54125**

1. Corporation Name

NEPTON OF FLORIDA, INC.

| FILED                          |  |
|--------------------------------|--|
| May 10, 1999 8:00 am           |  |
| Secretary of State             |  |
| 05_10_1999 90021 037 ***150 00 |  |



| Principal Place of Business Mailing Address |   |  |  | I INDICATE HERE BISIS NOTE IN BUT BISIS OF STREET |  |                            |                 |  |
|---|---|--|--|---|--|----------------------------|-----------------|--|
| 1384 HERITAGE ACRES BOULEVARD               |   |  | EVARD  |   |  |                            |                 |  |
| SUITE A SUITE A                             |   |  |  |   | 0 0 MOT WOLTE IN THE OPINE                                     |                            |                 |  |
| ROCKLEDGE EI                                | 32955   | ROCKLEDGE FL 32955   |  |   |  | DO NOT WRITE IN THIS SPACE |                 |  |
| <del>US</del> -                             |   | ₩ <del>\$</del>  |  |   | 3. Date Incorporated or Qualifed                               |                            | }               |  |
|   |   | 0 No. 10 - A July - A  |  |   | 11/10/1981<br>4. FEI Number                                    | T T.                       | applied For     |  |
| 2. Principal Pi                             | lace of Business  | 2a. Mailing Address  | 411  | ALVD.   | 59-2139888   |                            | lot Applicable  |  |
| 21 720                                      | ROY WALL BLUD,  | 26 720 Rey W. Suite, Apt. #, etc.                                    |  |   | 2 39 2 139000  |                            | Additional      |  |
|   | #, etc. *   | 27   |  |   | 5. Certifcate of Status Desired                                | <b>+</b> - · · · -         | Required        |  |
| City & State                                | 9   | City & State   | <del></del>                                  |   | 6. Election Campaign Financing                                 | \$5.00                     | May Be          |  |
| 23  | ROCKLEDGE, FL   | 28 ROCKLEDO  | SE,  | FL  | Trust Fund Contribution  |                            | to Fees         |  |
| Zip   | Country   | Zip  | Country                                      | ,   | 8. This corporation owes the current year Into                 | angible                    |                 |  |
| Zip 320                                     | 75 Z Z5   | 29 32955 30  | <u>,                                    </u> |   | Personal Property Tax.   | ∐Yes                       | Ū <b>Z</b> No ] |  |
|   | 9. Name and Address of Current  | Registered Agent   | <del></del>                                  |   | 10. Name and Address of New Registered                         | Agent                      |                 |  |
|   |   |  | 81   | Name  |  |                            |                 |  |
| COP   | ROLITE COPORATION   |  | 82   | Street  | Address (P.O. Boy Alumber is Not Acceptable)                   |                            |                 |  |
| 1 SE  | SRD AVENUE  |  | 02   |   | Address (P.O. Box Number is Not Acceptable)  S.E. 3 4 G. SULTE | 21                         | 30              |  |
| :\$70                                       | +188 SUITE 2/30   |  | 83   | 1   |  |                            |                 |  |
| MIAM  | /II FL 33131  |  | 9.4  | Cir. 1  |  | 85 Zip                     | Code            |  |
|   |   |  | 84   | City F  | <i>1/8KI,</i> FL   | .   "   . 5                | 2°13/           |  |
| 11. Pursuant                                | to the provisions of Sections 607.0502  | and 607.1508, Florida Statutes,                                      | the abov                                     | e-named   | corporation submits this statement for the purpose of          | changing f                 | ts registered   |  |
| office or re                                | egistered agent, or both, in the State of<br>m familiar with, and accept the obligation | f Florida, Such change was auth<br>ons of, Section 607,0505, Florida | orized by<br>a Statutes                      | the corpo   | oration's board of directors. I hereby accept the appoin       | ntment as i                | egistered       |  |
| _   |   |  |  |   |  |                            | }               |  |
| SIGNATURE                                   | Signature, typed or printed name of registered agent a                                  | and title if applicable. (NOTE: Re                                   | gistered Age                                 | nt signature re                                   | equired when reinstating) DATE                                 |                            |                 |  |
| 12.   | OFFICERS AND  |  | 13.  |   | ADDITIONS/CHANGES TO OFFICERS AN                               |                            |                 |  |
| TITLE                                       | PD  | ☐ DELETE   | 1.1 TITLE                                    |   |  | Change                     |                 |  |
| NAME  | Barnavon, Haim  |  | 1.2 NAME                                     |   | 720 ROY WALL BLVD,<br>ROCKLBULL, FL                            |                            |                 |  |
| STREET ADDRESS                              | -1384 HERITAGE AGRES BLVD 1   | <del>体</del> =   | 1.3 STREE                                    | TADDRESS  | Description El   | 229                        | 355             |  |
| CITY-ST-ZIP                                 | ROCKELEDGE FL   |  | 1.4 CITY- 8                                  | T-ZiP   | 1200KCOVALE, 12  | 337                        | - Addition      |  |
| TITLE                                       | VPAD  | ☐ DELETE   | 2.1 TITLE                                    |   |  |                            |                 |  |
| NAME  | JACKSON, CARLA  |  | 2.2 NAME                                     |   | I SOUTHEAST 3 M AVE, #   | 2/30                       | )               |  |
| STREET ADDRESS                              | -1 SOUTHEAST 3RD AVENUE #   | <del>1400-A</del>  | 2.3 STREE                                    | TADDRESS  | 1 300/1001 0 110/1   | •                          |                 |  |
| CITY-ST-ZIP                                 | MIAMI FL  |  | 2. 4 CITY-                                   | ST-ZIP  | MIAMI, FL 33/31  | Change                     | C Addition      |  |
| TITLE                                       | SD  | ☐ DELETE   | 3.1 TITLE                                    | İ   |  | rcnange                    |                 |  |
| NAME  | CALVERT, YVONNE   |  | 3.2 NAME                                     |   | 1 SOUTHEAST 34 AVE<br>MIAMI, FL 33131                          | # 21                       | 30              |  |
| STREET ADDRESS                              | ~1 SE 3RD AVENUE 31400  |  |  | TADDRESS  | 1 5007/10/11 3 7 100/  | ,, 01                      |                 |  |
| CITY-ST-ZIP                                 | MIAMI FL  |  | 3.4. CITY-                                   | ST-ZIP  | MIAMI, FL 33131  | ☐ Change                   | e               |  |
| TITLE                                       |   | ☐ DELETE   | 4.1 TITLE                                    |   |  | Change                     | . Madinou       |  |
| NAME  |   |  | 4. 2 NAME                                    |   |  |                            |                 |  |
| STREET ADDRESS                              |   |  |  | TADORESS  |  |                            | ĺ               |  |
| CITY-ST-ZIP                                 |   |  | 4.4 CITY-5                                   | T-ZIP   |  | Chart                      | Addition        |  |
| TITLE (                                     |   | ☐ DELETE   | 5.1 TITLE<br>5.2 NAME                        |   |  | Change                     | e               |  |
| NAME  |   |  |  | TADDDECC  |  |                            |                 |  |
| STREET ADDRESS                              |   |  |  | T ADDRESS   |  |                            |                 |  |
| CITY-ST-ZIP                                 |   | □ pc:ETC   | 5.4 CITY-5<br>6.1 TITLE                      | 51-∠I <del>2</del>                                |  | Change                     | Addition        |  |
| TITLE                                       |   | ☐ DELETE   |  |   |  |                            | , Uvaninon      |  |
| NAME  |   |  | 6.2 NAME                                     | T ADDDESS   |  |                            |                 |  |
| STREET ADDRESS                              |   |  | 0.3 STREE                                    | T ADDRESS   |  |                            |                 |  |

14. 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 changed, or on an attachment with an oddress with all other like empowered.

SIGNATURE: