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Feb 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000000839 (9)

1. Corporation Name  
NEOPRENE AMERICA CORP.

Principal Place of Business  
8100 E. 22ND ST., N. #1900  
WICHITA KS 67226

Mailing Address  
8100 E. 22ND ST., N. #1900  
WICHITA KS 67226-2319



3. Date Incorporated or Qualified 02/21/1995  
3a. Date of Last Report 03/05/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 48-1159801		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Zip		25 Country		29 Zip		30 Country	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	VICE-PRESIDENT
NAME	RASBERRY, ROBERT E	1.2 NAME	HARDIST STONE
STREET ADDRESS	8100 E. 22ND ST., N., #1900	1.3 STREET ADDRESS	8030 PETERS RD., SUITE D-104
CITY-ST-ZIP	WICHITA KS 67226	1.4 CITY-ST-ZIP	
TITLE	SD AND PRESIDENT	2.1 TITLE	
NAME	FLYNN, JOSEPH P	2.2 NAME	
STREET ADDRESS	8100 E. 22ND ST., N., #1900	2.3 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS 67226	2.4 CITY-ST-ZIP	
TITLE	DC	3.1 TITLE	
NAME	CARNEY, DANIEL M	3.2 NAME	
STREET ADDRESS	8100 E. 22ND ST., N., #1900	3.3 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS 67226	3.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT	4.1 TITLE	
NAME	HARDIST STONE	4.2 NAME	
STREET ADDRESS	8030 PETERS RD., SUITE D-104	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33324	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 address.

SIGNATURE: \_\_\_\_\_ 1/27/97 316-686-7314  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)