FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

1. Corporation Name

K72056

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EDIO N. NEHZNE, P.A. Principal Place of Business Mailing Address C/O ERIC K. NEITZKE C/O ERIC K. NEITZKE 444 SEABREEZE BOULEVARD, SUITE 900 444 SEABREEZE BOULEVARD, SUITE 900



	BEACH FL 32118	DAYTONA	DAYTONA BEACH FL 32118			3. Date Incorporated or Qualified 03/02/1989	03/02/1989 01/19/1995		
2. Principal Plac	ce of Business	2a. Mailing Add	dress			4. FEI Number			Applied For
21		26				59-2937753			Not Applicable
Suite, Apt #	, etc.	27				5. Certificate of Status Desired See Required			
City & State		City & State	e 			6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
- <i>Z</i> ip	Country	<i>Ζ</i> ιρ	Cou	untry		B. This corporation has liability for i	ntangible tax ur		
\$	25	29	30			Florida Statutes			
	9. Name and Address of Cur	rrent Hegistered Agen	<u> </u>	81	Name	10. Name and Address of New R	egistered Age	nt	
b. s. bir calardan				61	i Name				
	KE, ERIC K.			62 Street Address (P.O. Box Number is Not Acceptable)					
444 SEABREEZE BOULEVARD									
SUITE !	900 NA BEACH FL 32118			83					
DATIO	NA DEACH FL 32118			84	City		FL 8	5 Zij	Code
	Sylvanous, typind or prints a name of registered a			d Ager	nt signature required		DATE		
2.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND DIF	RECTO	RS IN 12
ITLE	D	☐ DE					□ c	hange	Addition
AME	NEITZKE, ERIC K.		1.2 N						
TREET ADDRESS	19 LOST CREEK LANE ORMOND BEACH FL				ADDRESS				
TY-SI-ZIP Tue	ONNOND BEACH FL	DE			IT - ZIP		ПС	hanna	Addition
AMI		٠ ت	22 N				. 🗆 🗸	нинус	Roomon
THEFT ADDRESS					ADDRESS				
r'y St ZiP			2 4 C	ITY - S	T-ZIP				
i^LF		□ DE	LETÉ 3 11	TITLE			□ c	nange	Addition
4Mt -			32 N	IAME					
TREFT ADDRESS			33 5	STREET	T ADDRESS				
11Y - \$1 - 7#					T - ZIP				T Address
AME			42 N					range	Addition
JREET ADDRESS					ADDRESS				
TY ST-ZiP				ITY-S					
TLF		DE						hange	Addition
NM?			5 2 N	AME				_	
IREET ADDRESS			53\$	TREFT	ADDRESS				
ITY \$1-70°					T - ZiP				
ILF		☐ DE		-			C	nange	☐ Addition
AME			6 2 N						
TREET ADDRESS					ADDRESS				
OTY-ST-ZIP			6.4 C	ITY-S	T - 71P				

14. I do hereby certify that the information supplied with this filing is votuntarily furnished does not qualify for the exemption stated in Section 119.07(3)(k), 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR RIVINTED MANE OF BIONING OFFI