

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L35315 (5)

1. Corporation Name

NEPTUNE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

201 FRONT ST.
BLDG 21, SUITE 220
KEY WEST FL 33040
US

P. O. BOX 6446
KEY WEST FL 33041-6446
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/06/1989	3a. Date of Last Report 08/01/1994
4. FEI Number 59-2985475	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Country	29 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORQUOY, PETER
P. O. BOX 6446
~~201 FRONT ST., SUITE 220~~
KEY WEST FL 33041-6446

81 Name	PETER NORQUOY
82 Street Address (P.O. Box Number is Not Acceptable)	1622 LAIRD ST
83	
84 City	KEY WEST FL
85 Zip Code	33040

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D NORQUOY, PETER	1.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	1622 LAIRD ST.	1.2 NAME	500001540155
CITY-ST-ZIP	KEY WEST FL	1.3 STREET ADDRESS	-07/18/95--01080--021
		1.4 CITY-ST-ZIP	***1000.00 ***200.00
NAME		2.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
NAME		3.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
NAME		4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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:

SIGNATURE OF REGISTERED AGENT OR DIRECTOR

01-20-95

35-294-3359