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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

L82350

SIGNATURE:

(4)

1. Corporation N	ETMAN, INC.	( )					
Principal Place o	of Business	Mailing Address				illi <b>se</b> il <b>sis</b> il <b>s</b> isil si	JAR <b>Bara Bara Bara Aba</b>
C/O MR. PETMAN 2400 S. RIDGEWOOD AVE. S. DAYTONA FL 32119		C/O TED DORAN P. O. BOX 1231 DAYTONA BCH. FL 32115			Date Incorporated or Qualified	3a. Date of Las	st Renord
US		US			06/18/1990		3/1995
2. Principal Place of Business		2a. Maing Address			4. FEI Number Applied For 59-3023102 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional		
22		27		5. Certificate of Status Desired	T -	ee Required	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		5.00 May Be dded to Fees
Z <sub>I</sub> p	Country 25	Ζφ <b>29</b>	Countr 30	У	8. This corporation has liability for in Florida Statutes 🔃 Yes	ntangible tax unde	rs 199.032,
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agent	
			8	1 Name			
	I, THEORDORE R		8:	2 Street Addi	et Address (P.O. Box Number is Not Acceptable)		
	st union tower Abreeze Blvd.			3			
DAYTONA BCH. FL 32118							
<b>571, 10</b> ,			8	4 City		FL  85	Zip Code
familiar with SIGNATURE	, and accept the obligations of, Sections of sections are typed or protections of management and of management and of management are of management and of management and of management are of management and of ma	ori 607.0505, Florida Stabite	S. Fife Registeren Ag	of squalur require		DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI		
TITLE NAME	d <del>p</del> Oldziejewski, thomas l	☐ DELETE	1. 1 Tell I 1.2 NAM			Char	ige 🔲 Addition
STREET ADDRESS	6100 RED STAG DR.	•		ET ADDRESS			
CITY-S1-ZiP	PORT ORANGE FL		1.4 CITY -				
TITLE	DST	☐ DELETE	2 1 1 111			☐ Char	nge Addition
NAME	BURNETTI, JOSEPH		2.2 NAMS				
STREET ADDRESS	6100 RED STAG DR			EL ADDRESS			
CITY-ST-ZIP TITLE	PORT ORANGE FL	DELETE	2.4 CITY - 3.1 Taill			☐ Char	nge Addition
NAME			3.2 NAME				ge
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	. As. tak		3.4 CiTy	-\$1 - ZIP			
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NAME STORES ADDRESS			4.2 NAM				
STREET ADDRESS CITY+ST-ZIP			4 3 STRE 4 4 CITY	ET ADDRESS			
TITLE	·	DELETE	5 1 TITLE			Char	nge  Addition
NAME	,		5.2 NAM:	:		_	· _
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZiP			5.4 CITY -	ST - ZIP			
TITLE		DELETE	6 1 TiTLI	!		Char	ige
NAME			6.2 NAM				
STREET ADDRESS				ET ADDRESS			
14. I do hereby	certify that the information supplied w	ith this filing is voluntarily fur	nished and do	es not qualify f	or the exemption stated in Section 119.	07(3)(k), Florida St	atutes. I further
certify that to oath; that I a appears in E	he information indicated on this armulam an officer or director of the corporation 12 or Block 13 changed, or o	al report or supplemental an ation or the receiver or trust in an attachment with enough	nual report is t ea Empowered Iress.	rue and accura I to execute thi	ite and that my signature shall have the is report as required by Chapter 607, Fx	same legal effect rida Statutes; and	as if made under I that my name
SIGNATU	JRE:	PHINTED WAME OF SIGNING OFFI	ER OR DIRECTOR	1	4/10/96	253	nous k