FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:45

DOCUMENT # L84300 (7)

1. Corporation Name
NEEK, INC.

Principal Place of Business
% JAMES W. KEEN
14945 NW 25 CT
MIAMI FL 33054

Mailing Address
100 SE 2ND ST
STE 3600
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Benjamin S. Schwartz	26	2601 S. Bayshore Dr.
Suite, Apt #, etc.	#1600	Suite, Apt #, etc.	
22	2601 S. Bayshore Dr.	27	Suite 1600
City & State		City & State	
23	Miami, FL	28	Miami, FL
Zip / Country		Zip / Country	
24	33133 · 25 USA	29	33133 · 30 USA

3. Date Incorporated or Qualified: 06/28/1990
3a. Date of Last Report: 01/25/1994
4. FEI Number: 65-0225180 ☐ 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 [X] Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA REGISTERED AGENTS INC
100 SE 2ND ST
STE 3600
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Benjamin S. Schwartz
82 Street Address (P.O. Box Number is Not Acceptable): 2601 S. Bayshore Drive
83 Suite 1600
84 City: Miami FL 85 Zip Code: 33133

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] BENJAMIN S. SCHWARTZ 2-7-95
NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 1 TITLE	☐ Change ☐ Addition
NAME	KEEN, JAMES W.	1 2 NAME	
STREET ADDRESS	14945 NW 25 CT	1 3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	1 4 CITY-ST-ZIP	
TITLE	DVS	2 1 TITLE	DVS [X] Change ☐ Addition
NAME	SCHWARTZ, BENJAMIN S	2 2 NAME	Schwartz, Benjamin S.
STREET ADDRESS	100 SE 2 STR, STE 3600	2 3 STREET ADDRESS	2601 South Bayshore Drive #1600
CITY ST ZIP	MIAMI FL	2 4 CITY-ST-ZIP	Miami, Florida 33133
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
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 [illegible] and does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this 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] BENJAMIN S. SCHWARTZ 2-7-95 305-860-7226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · DATE · Daytime Phone

0127730 CP