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Apr 04 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 # L84300

(7)

1. Corporation Name
NEEK, INC.



Principal Place of Business

BENJAMIN S. SCHWARTZ
2801 S BAYSHORE DR #1800
MIAMI FL 33133
US

Mailing Address

2801 S BAYSHORE DR
SUITE 1800
MIAMI FL 33133-5413
US

3. Date Incorporated or Qualified
06/28/1990

3a. Date of Last Report
03/26/1996

2. Principal Place of Business

21 1505 W. 23 St.

2a. Mailing Address

26 1505 W. 23 St.

Suite, Apt. #, etc.

22 Sunset Island #3

Suite, Apt. #, etc.

27 Sunset Island #3

City & State

23 Miami Beach, FL

City & State

28 Miami Beach, FL

Zip

24 33140

Country

25 USA

Zip

29 33140

Country

30 USA

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

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHWARTZ, BENJAMIN S
2801 S BAYSHORE DRIVE
SUITE 1800
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

David Shapiro

82 Street Address (P.O. Box Number is Not Acceptable)

1505 W. 23 St.

83

Sunset Island #3

84 City

Miami Beach

FL

85 Zip Code

33140

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 *David Shapiro*

David Shapiro

3/31/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
KEEN, JAMES W.
STREET ADDRESS
14945 NW 25 CT
CITY - ST - ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
DVS
SCHWARTZ, BENJAMIN S
STREET ADDRESS
2801 SOUTH BAYSHORE DRIVE #1800
CITY - ST - ZIP
MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 28 if changed, or as an attachment with an address.

SIGNATURE

Signature typed or printed name of signing officer or director

Benjamin S. Schwartz 3/24/97 (305) 666-5558

CR2E034 (9/96)