

**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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 FEB 16 PM 3:31**

**DOCUMENT # M20532 (1)**

1. Corporation Name  
**NEPTON OF TAMPA, INC.**

Principal Place of Business      Mailing Address  
**ONE SE 3RD AVE**                      **ONE SE 3RD AVE**  
**SUITE 1400**                              **SUITE 1400**  
**MIAMI FL 33131**                      **MIAMI FL 33131**  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**09/12/1985**                              **01/27/1994**

4. FEI Number      Applied For  
**59-2588203**                              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      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**CORPOLITE CORPORATION**  
**ONE SOUTHEAST THIRD AVENUE**  
**4400 A AMERIFIRST-BUILDING SUITE 1400**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City      85 Zip Code

**FL**

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 re-registering)      DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CORDRAY, SUE ANN
STREET ADDRESS	1 SE 3RD AVE #1400
CITY-ST-ZIP	MIAMI FL
TITLE	VSD
NAME	JACKSON, CARLA
STREET ADDRESS	1 SE 3RD AVE #1400
CITY-ST-ZIP	MIAMI FL
TITLE	VSD
NAME	ARIONE, RICHARD
STREET ADDRESS	1 S.E. 3RD AVENUE #1400
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DELETE</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>P/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>CARLA JACKSON</b>
2.3 STREET ADDRESS	<b>1 S.E. 3RD AVE., SUITE 1400</b>
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>
3.1 TITLE	<b>V/S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>ARIONE RICHARD</b>
3.3 STREET ADDRESS	<b>1 S.E. 3RD AVE., SUITE 1400</b>
3.4 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carla Jackson, Pres*      2-13-95      305 3179353

\_\_\_\_\_  
(Signature and typed or printed name of filing officer or director)      (Date)      (Typed Name #)

**Carla Jackson**