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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

	1996	**************************************	ON OF CORPO		SNC			
DOCUI	MENT # P271	77 (	5)					
NEPT	UNE SOCIETY MANAGEN	IENT, INC.				# \$200000 110 11411 14000 11001 10001 10001 10001	l Digit Dadie Bedar Ar	hii <b>h</b> iali <b>h</b> ibis 1 <b>44</b> 6
Principal Place	of Business	Mailing Address						
-890-WE6T-	ALAMEDA -AVENUE-	990 WPST-ALA	MEDA-AVENUE					
-BURBANK -	<del>0A-91506-</del>		Magnoli	- 5	12			
1721 W. Magnolia Blvd. 1721 W. Magnolia Burbank, CA 91506 Burbank, CA						3. Date Incorporated or Qualified 3s	Date of Last F	leport
				00		12/06/1989	05/01/1	995
2. Principar Pia 11	ace of Business	2a. Mailing Addres	s			4. FEl Number	<b>-</b> +	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.			77-0154551		Not Applicable
2	.,	27				5. Certificate of Status Desired		Additional Required
City & State	)	City & State				6. Election Campaign Financing		0 May Be
3	·	28				Trust Fund Contribution		d to Fees
Zip	Country	Zip	F	untry		8. This corporation has liability for intang		199.032,
4	9. Name and Address of Curre	29 Part Registered Agent	30	т		Florida Statutes Yes		
		one riegistered Agent		81	Name	10. Name and Address of New Regis	tered Agent	
ANDED	SOM DAVID W							
ANDERSON, DAVID W. 2181 INDIAN ROCKS ROAD				62	Street	Address (P.O. Box Number is Not Acceptable)		
LARGO FL 34644				83				
	16 0 10 11			84	City		Tool 7	- 01-
				1 1	•			p Code
<ol> <li>Pursuant t or register</li> </ol>	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo	02 and 607.1508, Florida S	Statutes, the ab	ove-r	amed co	rporation submits this statement for the purpose board of directors. I hereby accept the appointm	of changing its	egistered office
familiar wit	h, and accept the obligations of, Se	ction 607.0505, Florida St	atutes.	w.p	SIBION 3	cooled of directors, Friereby accept the appointing	enicas registerec	ragent. ram
SIGNATURE _	Signature, typed or printed name of registered age	and Jane Idle if applicable	# POT: 10	4 6			·	
12.	OFFICERS AND DIRECTORS		(NOTE: Registered Agent signature re			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	BS IN 12
TITLE	PTD DELETE			TITLE	· · · · · · · · · · · · · · · · · · ·		☐ Change	Add-tion
NAME	WEINTRAUB, EMANUEL		121	NAME				
STREET ADDRESS	930 W. ALAMEDA AVE.		133	STREET	ADDRESS			
C(1y - S1 - Z(P	BURBANK CA			CITY-S	I - ZIP			
TITLE	VD DELETE		I - '	2 1 TITLE			Change	Addition
NAME	STARK, LINDA			AME				
STREET ADDRESS CHTY-ST-7IP	80 MAIN ST				ADDRESS			
HILF	W ORANGE NJ SD	DELETE	3.1	CITY-SI TITLE	1 - ZIP		☐ Change	Addition
NAME	BELL-WEINTRAUB, JACQU			IAME	ŀ			[_] Roution
STREET ADDRESS	930 W. ALAMEDA AVE.	LLI			ADDRESS			
CITY+ST-ZIP	BURBANK CA		3.4 0	ITY-SI	r-ZIP			
ITLF		DELETE		TITLE		Vice - President	☐ Change	Addition
VAME			4.2 N	IAME		Jill Schulman		
STREET ADORESS					ADDRESS	1721 W. Magnolia Blvd.		
DITY+\$1-ZIP UTLE		☐ DELETE		(TY-\$1		Burbank, CA 91506	FT1 A	
AAME						Vice-President	Change	Addition
STREET ADDRESS				AME TREET		Hara Ahrens		
CITY-ST-ZIP				ITY-ST	1	401 W.Prospect Road Ft.Lauderdale, FL 33309		
IIILE		☐ DELETE				Vice-President	Change	Addition
NAME		<del></del>	•	AME		Patricia Barnes		44
STREET ADDRESS						1721 W. Magnolia Blvd.		
CHTY-ST-ZIP			640	ITY-ST	- 7HP	Dumbank CA 01506		
<ol> <li>I do hereby codify that</li> </ol>	certify that the information supplied	with this filing is voluntarily	furnished and	does	not qual	ify for the exemption stated in Section 119.07(3)( surate and that my signature shall have the same	k), Florida Statut	es. I further

• For triefly certify that the information supplies with this tiling is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes. Hurther certify that the information indicates 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 directed of recomposition 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 chapter on a attachment with an address.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

42496 \$18 \$45 >415