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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE.
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

P92000007867 (4)

DOCUMENT # F

1. Corporation Name

NEON TIK! TRIBE, INC.

Principal Place of Business

Mailing Address

FILED Mar 25 1996 8:00 am Secretary of State



| 540 HARRISON STREET<br>TITUSVILLE FL-92780 |   | -540 HARRISON STREET<br>TITUSVILLE FL-32780 |                    |                             |  |                                      |  |
|--|---|---|--------------------|-----------------------------|--|--------------------------------------|--|
|  |   |   |                    |                             | 3. Date Incorporated or Qualified 11/25/1992   | 3a. Date of L. 06/                   | ast Report<br>12/1995                        |
| 2. Principal Pla                           |   | 2a. Mailing Address                         |                    |                             | 4. FEI Number  |                                      | Applied For                                  |
|  | ATE CENTER  | 26 1415 CHAF                                | FEEDR              |                             | 59-3152728   |                                      | Not Applicable                               |
| Suite Apt. #<br>22 / 04                    |   | Suite, Apt. #, etc.                         |                    |                             | 5. Certificate of Status Desired   |                                      | 3.75 Additional Fee Required                 |
| City & State                               | SVILLE, FL  | City & State                                |                    |                             | Election Campaign Financing     Trust Fund Contribution                                |                                      | <b>5.00</b> May Be<br>Added to Fees          |
| Zip<br>24 <b>3278</b>                      | Country 25  | 7ip<br><b>29</b>                            | Country<br>30      |                             | 8. This corporation has liability for in Florida Statutes Yes                          | □No                                  |  |
|  | 9. Name and Address of Curre  | nt Registered Agent                         |                    | · <del></del>               | 10. Name and Address of New R  | egistered Agen                       | it   |
|  |   |   | 81                 | Name                        |  |                                      | i  |
| Stadler, richard e<br>509 Palm Ave.        |   |   | 82 Street Add      |                             | dress (P.O. Box Number is Not Acceptable)  |                                      |  |
| TITUSV                                     | ILLE FL 32781   |   | 83                 |                             |  |                                      |  |
|  |   |   | 84                 | City                        |  | FL 85                                | Zip Code                                     |
| or registere                               | the provisions of Sections 607.050<br>d agent, or both, in the State of Flor<br>h, and accept the obligations of, Sec | ida. Such change was authorz                | red by the corpo   | amed corpo<br>oration's boa | ration submits this statement for the pur<br>and of directors. Thereby accept the appo | uose of changing<br>entment as regis | g its registered office<br>tered agent. I am |
|  | lignature, typed or printed name of registered ager   |   | H: Resputered Agen | squatus respon              |  | DA"L                                 |  |
| 12.  | OFFICERS AN   | ID DIRECTORS                                | 13.                |                             | ADDITIONS/CHANGES TO OFF   |                                      |  |
| TITLE                                      | DEVLIN, J. GREG   | ☐ DELÉTE                                    | 1. 1 1 TLE         |                             |  | Ch:                                  | ange 🔲 Addition                              |
| SMAN SMAN                                  | 540 HARRISON STREET   |   | 1.2 NAME           |                             |  |                                      |  |
| STREET ADDRESS                             | TITUSVILLE FL 32780   |   | 1.3 STREET         |                             |  |                                      |  |
| CITY-ST-ZIP<br>TITLE                       | 111001111111111111111111111111111111111   | □ DELETE                                    | 2.1 TITLE          | -ZIF                        |  | Cha                                  | ange 🗍 Addition                              |
| NAME                                       |   |   | 2 2 NAME           |                             |  |                                      | ange [                                       |
| STREET ADDRESS                             |   |   | 2.3 S1R6E1         | AD-1810A                    |  |                                      |  |
| CITY-ST-ZIP                                |   |   | 2.4 City - \$1     |                             |  |                                      |  |
| TITLE                                      | <u> </u>  | DELFTE                                      | 3 1 TIT, E         | -211                        |  | Cha                                  | ange Addition                                |
| NAME                                       |   |   | 3.2 NAME           |                             |  | <del>-</del>                         |  |
| STREET ADDRESS                             |   |   | 3.3 STREET         | ADDRESS                     |  |                                      |  |
| CITY-ST-ZIP                                |   |   | 3.4 City - S       | - 71P                       |  |                                      |  |
| TITLE                                      |   | ☐ DELETE                                    | 4 1 THILE          |                             |  | ☐ Cha                                | ange 🔲 Addition                              |
| NAME                                       |   |   | 4.2 NAME           |                             |  |                                      |  |
| STREET ADDRESS                             |   |   | 4 3 STREET         | ADDRESS                     |  |                                      |  |
| C+TY-SI-Z+P                                |   |   | 4.4.C-TY-ST        | - <b>7</b> IP               |  |                                      |  |
| THTLE                                      |   | ☐ DELFTE                                    | 5 1 TIFLE          |                             |  | ☐ Cha                                | ange 🔲 Addition                              |
| NAME                                       |   |   | 5.2 NAME           |                             |  |                                      |  |
| STREET ADDRESS                             |   |   | 5.3 STREET         |                             |  |                                      |  |
| CITY-ST-7IP                                |   | F ∩ NEI E1E                                 | 5.4 CITY - ST      | - 7IP                       |  |                                      | )  |
| TITLE                                      |   | ☐ DEL E1E                                   | 6 1 TIFLE          |                             |  | ☐ Cha                                | inge 🗌 Addition                              |
| NAME<br>OTDSSI ADODSSO                     |   |   | 6.2 NAME           | .ppara:                     |  |                                      |  |
| STREET ADDRESS                             |   |   | 6.3 STREET.        |                             |  |                                      |  |
| CITY-S1-ZIP                                |   |   | 6 4 C(1Y-S)        | - ZIF L                     | or the exemption stated in Section 119.0   |                                      |  |

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:

SIGNATU