## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Sep 17 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P9200007867 (4)

NEON TIKI TRIBE, INC.

CITY-ST-ZIP

Principal Place of Business Mailing Address									C Office to both	1914E B1411 1EB1 1EB1	
CORPORATE CENTER STE 104 TITUSVILLE FL 32780			1	1415 CHAFFEE DR TITUSVILLE FL 32780 US				DO NOT WRITE IN THIS <b>\$P</b> ACE			
US								3. Date Incorporated or Qualified 11/25/1992			
2. Principal Place of Business				2a. Mailing Address				FEI Number Applied For			
21				26				59-3152728	Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Additional e Regulred	
City & State				City & State				A Flatin A sala Flatin			
23				28			· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip		Country	<u> </u>	Zip ⁻₃	Country			8. This corporation owes or has paid the co			
2425			29	30				Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent  81 Name					
	DLER, RICH		o) Name								
509 PALM AVE. Titusville Fl 32781							Street Addres	ss (P.O. Box Number is Not Acceptable)			
""	SVILLE FL	32/81			1	13					
					-	4	City		Josl :	Zip Code	
						-	City	FI	L  65   2	Zip Code	
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.										s registered s registered	
SIGNATURE											
· · · · · · · · · · · · · · · · · · ·						d Ag	gent signatura requira	ADDITIONS/CHANGES TO OFFICERS A	NIA DIDE	OTODO (N. 42	
12.	D	OFFICER	S AND DIF	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS A	_		
NAME	DEVLIN, J. GREG			1.2 NAM				L. Chan	nge Addition		
i	STREET ADDRESS 540 HARRISON STREET										
		E FL 32780				1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
CITY-ST-ZIP	IIIOOVILL	E FL 02/00			1.4 CITY 2.1 TITU	_	ZIP				
				DELETE					Chan	nge Addition	
NAME eteret apprece					2.2 NAM						
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP TITLE					2.4 CITY 3.1 TITLE		ZIP				
									Chan	nge Addition	
NAME					3.2 NAM		a book of				
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP					3.4 CITY		ZIP		<del></del>		
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TITLE				DELETE	5.1 TITLE		1		Lii Chang	ge Addition	
NAME					5.2 NAM						
STREET ADDRESS					5.3 STRE					į	
CITY-ST-ZIP				·	5.4 CiTY		ZIP				
TITLE				DELETE	6.1 TITLE				Chang	ge Addition	
NAME					6.2 NAM						
STREET ADDRESS					■ 6.3 STDE	ET A	Inneres				

14. I hereby certify that the information supplied with this filting 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 supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee employered 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 experiment with an address.

6.4 CITY-ST-ZIP