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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000014664 (6)

1. Corporation Name

THE NEON SHOPPE, INC.



Principal Place of Business

Mailing Address

4946 S. ORANGE AVENUE  
ORLANDO FL 32806

4946 S. ORANGE AVENUE  
ORLANDO FL 32806

2. Principal Place of Business

2a. Mailing Address

21. 5652 Commerce DR Unit 3

26. 5652 Commerce DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. Orlando, FL

27. Unit 3

City & State

City & State

23. 32839

28. Orlando, FL

Zip

Zip

Country

Country

24. 32839

25. USA

29. 32839

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KATYNSKI, KENNETH C  
3128 INDIAN DR.  
ORLANDO FL 32812

81. Name

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

83.

84. City

FL

85. 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME KATYNSKI, KENNETH C

1.2 NAME

STREET ADDRESS 3128 INDIAN DR.  
ORLANDO FL 32812

1.3 STREET ADDRESS

CITY- ST- ZIP ORLANDO FL 32812

1.4 CITY- ST- ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME KATYNSKI, JUNE E

2.2 NAME

STREET ADDRESS 3128 INDIAN DR.  
ORLANDO FL 32812

2.3 STREET ADDRESS

CITY- ST- ZIP ORLANDO FL 32812

2.4 CITY- ST- ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY- ST- ZIP

3.4 CITY- ST- ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY- ST- ZIP

4.4 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY- ST- ZIP

5.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY- ST- ZIP

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

KC Katynski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96

Date

407-856-8351

Daytime Phone #

CR2E034 (12/95)