## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P92000014664 (6)

THE NEON SHOPPE, INC.

Principal Place of Business Mailing Address				i implicati cia imita irmit matris deliti metat irmit erten diren 11511 2151 1801
5652 COMMERCE DR. UNIT 3 5652 COMMERCE DR				
ORLANDO FL 32839		UNIT 3		DO NOT INDITE IN THIS COLOR
US		ORLANDO FL 32839 US		DO NOT WRITE IN THIS SPACE
		US		3. Date Incorporated or Qualified
2. Principal Place of Business 2a. Mailing Address				12/23/1992 4. FEI Number Applied For
21		26		
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-3156571   Not Applicable
22		27		5. Certificate of Status Desired See Required Fee Required
City & State		City & State		
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible
24	25	<b>}</b>	30	Personal Property Tax due June 30, Yes No
	9. Name and Address of Currer			10. Name and Address of New Registered Agent
KA	ATYNSKI, KENNETH C		81 Name	
3128 INDIAN DR.			90 0	4.d. (0.0 B. N. d. 1.1.)
ORLANDO FL 32812			82 Street	Address (P.O. Box Number is Not Acceptable)
GILANDO I E 02012			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				
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				
Sign ature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KATYNSKI, KENNETH C		1.2 NAME	
STREET ADDRESS	3128 INDIAN DR.		1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32812		1.4 CITY - ST - ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	Change Addition
NAME	Katynski, june e		2.2 NAME	
STREET ADORESS	3128 Indian dr.		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	ļ
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-2IP	
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	
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14. I hereby certify that the information supplied with this filling 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 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 13 if changed, or once attachment with an address.

SIGNATURE:

Chalifiello Kimith Kalynski

14/98 407-856-8351

**FILED** 

Jan 30 1998 8:00am

Secretary of State