

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000007611 (5)**

1. Corporation Name

NEEL SYSTEMS, INC.



Principal Place of Business

**1150 ELM ST.
OVIEDO FL 32765**

Mailing Address

**1150 ELM ST.
OVIEDO FL 32765**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

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Zip

Country

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9. Name and Address of Current Registered Agent

**NEEL, CHARLENE B
1150 ELM ST.
OVIEDO FL 32765**

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 607.1504, 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

Signed by the person authorized to change the registered office or registered agent, or both, in the State of Florida.

Signed by the person authorized to change the registered office or registered agent, or both, in the State of Florida.

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NEEL, KEITH M

NAME

1150 ELM ST.

STREET ADDRESS

OVIEDO FL 32765

CITY-ST-ZIP

TITLE

VP

NEEL, CHARLENE B

NAME

1150 ELM ST.

STREET ADDRESS

OVIEDO FL

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

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33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY-ST-ZIP

37. TITLE

38. NAME

39. STREET ADDRESS

40. CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

Charlene B. Neel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charlene B. Neel

3/26/96

(407) 366-4074

DATE

PHONE

CR2E034 (12/95)

0046274

CP