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 # P93000043077 (5)

NEON CREATIONS, INC.

FILED Jan 22 1998 8:00am Secretary of State



						<u> </u>		
Principal Place of Business Mailing Address								
4830 LAKE CE KISSIMMEE FL		4830 LAKE CECILE DRIVE KISSIMMEE FL 34746				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	J OI AOL	
						06/16/1993		
2 Principal Pla	ace of Business	2s. Mailing Address				4. FEI Number	TA	pplied For
<u> </u>	age of Cush 1033	26				52-4502031	- +	ot Applicable
Suite, Apt. 4	# etc	Suite, Apt. #, etc.						Additional
22	., 5.0.	27				5. Certificate of Status Desired		equired
City & State	*	City & State				Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	intry		B. This corporation owes or has paid the o	urrent year In	tangible
24	25	29	30			Personal Property Tax due June 30.		No
	9. Name and Address of Current	Registered Agent		Ĺ,		10. Name and Address of New Registers	d Agent	
BECKER, BRENDA				81	Name			
	O LAKE CECILE DRIVE	•		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	SIMMEE FL 34746							
				83				
				84	City		. 85 Zip	Code
					1	F		
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						red when reinstating) DATE		
Signature, typed or printed name of registered agent and tritle if applicable. (NOTE: Registered Age						ADDITIONS/CHANGES TO OFFICERS A	NO DIDECTO	DC INI 12
12.			13.	TIC		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	_			1.1 TITLE 1.2 NAME			onenge	
NAME	BECKER, BRENDA							ŀ
STREET ADDRESS	1000 0 110 404100 41110			1.3 STREET ADDRESS				ľ
CITY-ST-ZIP				1.4 City-ST-ZiP 2.1 TiTLE			Change	Addition
TITLE								
NAME	BECKER, MARTIN			2.2 NAME				
STREET ADDRESS	4830 LAKE CECILE DRIVE			2.3 STREET ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34746			2. 4 CITY - ST - ZIP 3.1 TITLE			Change	Addition
TITLE								
NAME				3.2 NAME 3.3 STREET ADDRESS				i
STREET ADDRESS								
City-St-ZiP					ST - ZIP		Change	Addition
TITLE				4.1 TITLE 4. 2 NAME			onlinge	_ supplied
NAME					ADDRESS			
STREET ADDRESS								
CITY-ST-ZIP				4.4 DITY - ST - ZIP 5.1 TITLE			Change	Addition
TITLE								
NAME			5.2 N		ADDDECC			
STREET ADDRESS			1		ADDRESS			,
CITY-ST-ZIP				4 CITY - ST - ZIP			Change	Addition
TITLE		☐ DETEN	611				L. Ouende	
NAME			62 N					1
STREET ADDRESS			1		ADDRESS			
CITY-ST-ZIP		the thin filling doon not excelded	64C	TY-S	I-ZIP	Section 119.07(3)(i), Florida Statutes. I further	cortify that the	a information
14. I hereby c	ertiry that the information supplied wil	ia iais niing does not quality t	or the ext	emb)	non stated in	r Section Trady(3)(i), Florida Statules, Floriner	corniy mai in	o injuntation

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic 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 changes, or on an attachment with an address.

CICNITURE.

Man Decker

1/14/08

407 396 6366