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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT # P93000058138 (7)

FRED NEUMANN, INC.

Principal Place of Business Mailing Address 1413 SOUTHWEST HUTCHINS STREET PORT ST. LUCIE FL 34983 PORT ST. LUCIE FL 34983-3043									
							3. Date Incorporated or Qualified 08/16/1993 3a. Date of Last Report 05/01/1996		
2. Principal P	Place of Business	2a. Maili 26	ing Address				4. FEI Number Applied For Not Applied ber Not		
Suite. Apt	#. etc.		o, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required		
City & Stal	0		& State			 	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23 Zip	Country	Zip		Co	untry	/	8. This corporation has liability for intangible tax under s. 199.032.		
24	25	29		30		···	Florida Statutes Yes No		
	9. Name and Address of Cu	rrent Registered	Agent		-	I Name	10. Name and Address of New Registered Agent		
	JMANN, FRED	roert			81	Name			
1413 SOUTHWEST HUTCHINS STREET PORT ST. LUCIE FL 34983					82	Street A	Address (P.O. Box Number is Not Acceptable)		
₹ On	11 01: EUVIL 1 C 07800				83				
					84	City	IRE To Code		
					794	City	FL 85 Zip Code		
office or r agent. La SIGNATURE							orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered		
12.	Signature, typed or printed harne of registered OFFICERS	AND DIRECTOR		TE Register		ent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
7111.6	D	KIND DIRECTOR	DELETE		TITLE		☐ Change ☐ Addilior		
NAME	NEUMANN, FRED			1.21	NAME		·		
STHEET ADDRESS	1413 SOUTHWEST HUTCH	INS STREET		1.3	STREET	TADORESS			
CITY - ST - Z:P	PORT ST. LUCIE FL 34983			1.4	CITY - S	ST-ZIP			
T:TLF			DELETE	1	TITLE	-	Change L. Addition		
NAME	į				NAME		·		
STHEET ADDRESS						T ADDRESS	أوسي الأداف		
CHY-ST-ZIP TITLE			☐ DELETE		CITY-	ST-ZIP	Change Addition		
NAME				1	NAME	}			
STREET ADDRESS						T ADDRESS			
CITY - \$1 - 71F				3.4.	CITY-	ST-ZIP			
1 FLF			DELETE	4.1	TITLE		Change Addition		
NAME				4	NAME	Į.			
STREET ADDRESS				ı		T ADDRESS			
CITY-ST-7IP			DELETE			ST-ZIP	Change Addition		
TH'LE NAME			LT ACTURE		TITLE NAME	1	T cuante Madison		
NAME STREET ADDRESS						T ADDRESS			
CITY - S1 - ZIP						ST-ZIP			
TITLE		·	DELETE		TITLE	v. 4.11	Change Addition		
NAME				F	NAME				
STREET AFINRESS	\					TADDRESS			

SIGNATURE:

14. I do 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 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.

FILED

Apr 30 1997 8:00am

Secretary of State