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 # P93000058138 (7)

FRED NEUMANN, INC.

Principal Place of Business

Mailing Address

FILED Apr 23 1998 8:00am Secretary of State



PORT ST. LUCIE FL 34983	PORT ST. LUCIE FL 3498			
• • • • • • • • • • • • • • • • • • • •			DO NOT WRITE IN THIS :	SPACE
			3. Date Incorporated or Qualified	-
A Dilacia (Olaca of D.	A A A A COLOR DE LA COLOR DE L		08/16/1993	
2. Principal Place of Business	28. Mailing Address VL 4487R1 26 2951 SE D4	11/40-01	4. FEI Number	Applied For
21 2951 SE DI	91444 Pd 26 2431 SE D4	LHARI ROL	65-0435950	Not Applicable
Suite, Apt. #, etc. 22 PT. ST. Jucie	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	28 Pl. ST luci		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 34952 25 S	· · · · · · · · · · · · · · · · · · ·	Country 30 ST. LUCIE	This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year Intangible Yes No
	dress of Current Registered Agent	70, 11	10. Name and Address of New Registered	Agent
NEUMANN, FRED		81 Name		
1413 SOUTHWEST H	UTCHINS STREET	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
PORT ST. LUCIE FL 34983			reas (F.O. DOX Humber is Not Acceptable)	
		83		
		84 City		85 Zip Code
		D4 City	FL	85 Zip Code
office or registered agent, or b	oth, in the State of Florida. Such change was a	authorized by the corpora	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	changing its registered ointment as registered
agent. I am tamiliar with, and a	accept the obligations of, Section 607.0505, Flo	rida Statutes.		
Signature, typed or printed n		Registered Agent signature requ		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
NAME NEUMANN, FRE	DELETE	1.1 TITLE		Change Addition
	EST HUTCHINS STREET	1.2 NAME		
BODT OT LUCK		1.3 STREET ADDRESS		
	E FL 34963	1.4 Cily - ST - ZiP		Change Addition
TITLE	[טבנבונ	2.1 TITLE		Change Addition
NAME		2.2 NAME	• •	
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
1	La bettie	1		Cuanke D vontion
NAME PROFES 4 PARESO		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	3.4. CITY - S1 - ZIP 4.1 1)TLE		Change Addition
NAME	المامان	4, 2 NAME		
STREET ADDRESS		4,3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 THILE		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	Secretarial Control of	6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-S1-ZIP		
44 I haraby partity that the informs	ation supplied with this filing does not qualify for	r the avamption stated in	Section 119.07(3)(i), Florida Statutes. I further ca	rtify that the information
indicated on this annual report officer or director of the corpor	or supplemental annual report is true and acci ation or the receiver or finisted empowered to e	urate and that my signatu execute this report as req	re shall have the same legal effect as if made unuired by Chapter 607. Florida Statutes; and that n	der oath; that I am an ny name appears in