

**P94000001622**

DOCUMENT # P94000001622

1. Entity Name

NEREUS ADDIO INTERNATIONAL, INC.

FILED

01 APR 24 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 4531 Rosemere Tampa, FL 33609  
Mailing Address: 4531 Rosemere Tampa, FL 33609-4209

2. Principal Place of Business: 2202 N. Westshore Blvd.  
3. Mailing Address: 2202 N. Westshore Blvd.

Suite, Apt. #, etc.: 5th FL

City & State: Tampa, FL

Zip: 33607 Country: US

4. FEI Number: 59-3221913  
Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Kadow, Joseph J.  
2202 N. Westshore Blvd., 5th Floor  
Tampa, FL 33607

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPSD <input type="checkbox"/> Delete
NAME	Kadow, Joseph J.
STREET ADDRESS	2202 N. Westshore Blvd., 5th FL
CITY-ST-ZIP	Tampa, FL 33607
TITLE	PD <input type="checkbox"/> Delete
NAME	Duty, Michael
STREET ADDRESS	2202 N. Westshore Blvd., 5th FL
CITY-ST-ZIP	Tampa, FL 33607
TITLE	VTD <input type="checkbox"/> Delete
NAME	Merritt, Robert S.
STREET ADDRESS	2202 N. Westshore Blvd., 5th FL
CITY-ST-ZIP	Tampa, FL 33607
TITLE	D <input type="checkbox"/> Delete
NAME	Adelman, Roger PHD
STREET ADDRESS	2202 N. Westshore Blvd., 5th FL
CITY-ST-ZIP	Tampa, FL 33607
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800004190670
STREET ADDRESS	-05/09/01--01065--002
CITY-ST-ZIP	***150.00 ***150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: \_\_\_\_\_ Date: 4/9/01 Daytime Phone #: 813/282-1225

CORPENS 11/11/01