FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAY 10 PM 4:06

DOCUMENT # **P94000038382 (5)**

1. Corporation Name

NEON TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
100 SOUTH ASHLEY DR., STE. 2050 TAMPA FL 33602	100 SOUTH ASHLEY DR., STE. 2050 TAMPA FL 33602

3. Date Incorporated or Qualified: **05/23/1994**
3a. Date of Last Report: **02/15/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-3250822** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AGERTER, DANIELS
4421 CLEAR AVE
TAMP;A FL 33629

10. Name and Address of New Registered Agent

81 Name: AEGERTER, DANIEL S
82 Street Address (P.O. Box Number is Not Acceptable): 4423 CLEAR AVE
83: TAMPA FL 33629
84 City: FL 85 Zip Code:

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: [signature] (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when changing) DATE: 1/17/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P DPC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	AEGERTER, DANIEL S		1.2 NAME	800001825730
STREET ADDRESS	100 SOUTH ASHLEY DR., STE. 2050		1.3 STREET ADDRESS	-05/16/96--01145--001
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	AEGERTER, SABINA		2.2 NAME	800001825730
STREET ADDRESS	100 SOUTH ASHLEY DR., STE. 2050		2.3 STREET ADDRESS	-05/16/96--01145--002
CITY-ST-ZIP	TAMPA FL 33602		2.4 CITY-ST-ZIP	*****25.00 *****25.00
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ 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			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] DANIEL AEGERTER 1/17/96 813-222-2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)