

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

DOCUMENT # P94000047678 (5)

1. Corporation Name

JUST NEON, INC.



JUST NEON, INC.  
930 Carter Road Suite #230  
Winter Garden, Florida 34787

VENUE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 930 Carter Road		26 930 Carter Road		06/09/1994		03/22/1995	
22 Suite, Apt. #, etc. Ste 230		27 Suite, Apt. #, etc. Ste. 230		4. FEI Number 59-3251690		Applied For Not Applicable	
23 City & State Winter Garden		28 City & State Winter Garden		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip F1 34787		29 Zip F1 34787		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GENTRY, MICHAEL K  
~~738 SO. BLUFORD AVENUE~~  
~~OC06E FL 34761~~

*See above address*

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)	930 Carter Road, Ste 230	
83		
84 City	Winter Garden	85 Zip Code FL 34787

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, typed or printed name of registered agent, or director, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTRY, MICHAEL K	1.2 NAME	Michael K. Gentry
STREET ADDRESS	<del>738 SO. BLUFORD AVENUE</del>	1.3 STREET ADDRESS	930 Carter Road
CITY - ST - ZIP	OC06E FL 34761	1.4 CITY - ST - ZIP	Winter Garden, FL 34787
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSCH, KIMBERLIE J	2.2 NAME	Kimberlie J. Mosch
STREET ADDRESS	<del>738 SO. BLUFORD AVENUE</del>	2.3 STREET ADDRESS	930 Carter Road
CITY - ST - ZIP	OC06E FL 34761	2.4 CITY - ST - ZIP	Winter Garden, FL 34787
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTRY, MARILYN J	3.2 NAME	Marilyn J. Gentry
STREET ADDRESS	<del>738 SO. BLUFORD AVENUE</del>	3.3 STREET ADDRESS	930 Carter Road
CITY - ST - ZIP	OC06E FL 34761	3.4 CITY - ST - ZIP	Winter Garden, FL 34787
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	000001779718
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	-04/15/96--01030--010
NAME		5.2 NAME	***200.00
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Marilyn Gentry*

Marilyn Gentry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

*4-14-96*