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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

NAME STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P94000062632 (2)

G. NEIL COMPANIES INTERNATIONAL, INC.

720 INTERNATIONAL PARKWAY 720 INTERNATIONAL PARKWAY SUNRISE FL 33345-0939 SUNRISE FL 33325-6219 3a. Date of Last Report 3. Date incorporated or Qualified 02/19/1996 08/25/1994 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0529044 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes \square \text{No} No Zω 30 24 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Namo PEARLMAN, CHARLES B % ATLAS PEARLMAN TROP & BORKSON PA Street Address (P.O. Box Number is Not Acceptable) 82 200 E LAS OLAS BLVD SUITE 1900 83 FT LAUDERDALE FL 33301 84 Crty 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-riamed 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 primed name of registered agent and title if approable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change Addition TITLE 1.1 TITLE BROWN, GARY N 1.2 NAME NAME 720 INTERNATIONAL PARKWAY 1.3 STREET ADDRESS STREET ADDRESS SUNRISE FL 33345-0939 1.4 CITY - \$1 - ZiP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-S1-ZIP CITY-ST-ZIP Addition Change TITLE DELETE 3.1 101.6 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - Z/P DELETE ☐ Change Addition TITLE 4.11000 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY+ \$1 - 7IP CITY-ST-ZIF DELETE Change Addition 5.1 DILE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY-\$1-7IP CITY-ST-ZIP Change Addition TITLE DELETE 61 THUE

14. I do hereby certify that the information supplied with this firing 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 eath, that I am an officer or director of the corporation or the receiver or trusted 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.

6.2 NAME

6.3 STREET ADORESS

FILED Mar 19 1997 8:00am Secretary of State

