FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Mar 24 1997 8:00am
Secretary of State

DOCUMENT # **P94000091742 (4)**

1. Corporation Name
JAMES MCNEIL COMPANY

Principal Place of Business	Mailing Address
110 FONTAINEBLEAU BLVD., UNIT 114 MIAMI FL 33172	110 FONTAINEBLEAU BLVD., UNIT 114 MIAMI FL 33172-4569

3. Date Incorporated or Qualified: 12/20/1994	3a. Date of Last Report: 04/18/1996
4. FEI Number: 65-0549325	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	

2. Principal Place of Business	2a. Mailing Address
21 87465 OLD HIGHWAY	26 P.O. BOX 1091
Suite, Apt #, etc. 22 201	Suite, Apt #, etc. 27
City & State 23 ISLAMORADA FLA.	City & State 28 TAVERNIER, FL
Zip 24 33036 Country 25 USA	Zip 29 33070 Country 30 USA

9. **Name and Address of Current Registered Agent**

MCNEIL, JAMES
110 FONTAINEBLEAU BLVD
APT 114
MIAMI FL 33172

10. **Name and Address of New Registered Agent**

81 Name: JAMES McNEAL
82 Street Address (P.O. Box Number is Not Acceptable): 87465 OLD HIGHWAY
83 APT #201
84 City: ISLAMORADA FL 85 Zip Code: 33036

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] JAMES McNEAL [signature] DATE 3/17/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	MCNEIL, JAMES A	1.2 NAME	JAMES McNEAL ADDRESS ONLY
STREET ADDRESS	110 FONTAINEBLEAU BLVD., UNIT 114	1.3 STREET ADDRESS	P.O. Box 1091
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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	

CR2E034 (9/96)

14. 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 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] JAMES McNEAL 3/17/97 305-223-2344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0231839