

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

FILED

**Feb 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000021853 (3)
 1. Corporation Name
D. & J. NEUMAN'S INC.



Principal Place of Business 1456 ST. RD. 80 48 FT. MYERS FL 33905	Mailing Address 2156 W TOBAGO CIR. FT. MYERS FL 33905-2134
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3. Date Incorporated or Qualified 03/17/1995	3a. Date of Last Report 07/10/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 14561 ST. RD 80
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 418
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

4. FEI Number 65-0572175	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**NEUMAN, DONALD G
2156 W. TOBAGO CIRCLE
FT. MYERS FL 33905**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUMAN, DONALD G	1.2 NAME	
STREET ADDRESS	2156 W. TOBAGO CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL 33905	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUMAN, JOVITA R	2.2 NAME	
STREET ADDRESS	2156 W. TOBAGO CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL 33905	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUMAN, CYNTHIA R	3.2 NAME	
STREET ADDRESS	2156 W. TOBAGO CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL 33905	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUMAN, KATHLEEN R	4.2 NAME	
STREET ADDRESS	2156 W. TOBAGO CIRCLE	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL 33905	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
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
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CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: **Donald G. Neuman** **DONALD G. NEUMAN** 2/17/97 613 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)