

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000041701 (0)

1. Corporation Name

SUBIES NEPTUNE, INC.



Principal Place of Business

3600 W. COMMERCIAL BLVD. STE 214
FORT LAUDERDALE FL 33309

Mailing Address

3600 W. COMMERCIAL BLVD. STE 214
FORT LAUDERDALE FL 33309

3. Date Incorporated or Qualified

05/26/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

05-0616468

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

10. Name and Address of New Registered Agent

BARTSOCAS, KIKI

3600 W. COMMERCIAL BLVD. STE 214
FORT LAUDERDALE FL 33309

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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, typed or printed name of registered agent, if not a director

Signature, typed or printed name of registered agent, if not a director

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BARTSOCAS, KIKI
STREET ADDRESS 3600 W. COMMERCIAL BLVD. STE 214
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DST ☒ Change ☐ Addition
1.2 NAME BARTSOCAS, KIKI
1.3 STREET ADDRESS 3600 W. COMMERCIAL BLVD #214
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33309

2.1 TITLE DP ☐ Change ☒ Addition
2.2 NAME BARTSOCAS, GUS
2.3 STREET ADDRESS 3600 W. COMMERCIAL BLVD #214
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33309

3.1 TITLE DVP ☐ Change ☒ Addition
3.2 NAME BARTSOCAS, PERRY
3.3 STREET ADDRESS 8355 BAYMEADOWS RD
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

4.1 TITLE DVP ☐ Change ☒ Addition
4.2 NAME BARTSOCAS, JOHN
4.3 STREET ADDRESS 8355 BAYMEADOWS RD
4.4 CITY-ST-ZIP JACKSONVILLE FL 32256

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE 70000186462 ☐ Change ☐ Addition
6.2 NAME -06/18/96--01012--050
6.3 STREET ADDRESS ***200.00
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIKI BARTSOCAS

4-4-96

Date

954-485-5110

Daytime Phone #

CR2E034 (12/95)