

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

FILED
Apr 02 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 # 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 33309-3324**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/26/1995	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0616468	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

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		501 GOLDEN ISLES DR #206 C HALLANDALE FL 33009 USA	

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTSOCAS, KIKI	1.2 NAME	
STREET ADDRESS	3600 W. COMMERCIAL BLVD. STE 214	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTSOCAS, GUS	2.2 NAME	
STREET ADDRESS	3600 W. COMMERCIAL BLVD. STE 214	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTSOCAS, PERRY	3.2 NAME	
STREET ADDRESS	3600 W. COMMERCIAL BLVD. STE 214	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	3.4 CITY-ST-ZIP	
TITLE	DVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTSOCAS, JOHN	4.2 NAME	
STREET ADDRESS	3600 W. COMMERCIAL BLVD. STE 214	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	4.4 CITY-ST-ZIP	
TITLE		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		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 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 authorized 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

8-27-97

904.757-0818

Date

Daytime Phone #

CR2E034 (9/96)