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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000041701 (0)

1. Corporation Name

SUBIES NEPTUNE, INC.



Principal Place of Business

3800 W. COMMERCIAL BLVD. STE 214
FORT LAUDERDALE FL 33309

Mailing Address

501 GOLDEN ISLES DR.
#206C
HALLANDALE FL 33009
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 410 Atlantic Blvd

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State
NEPTUNE BCH, FL

24 Zip
32215

25 Country
USA

26 Zip

27 Country

28 Zip

29 Country

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3. Date Incorporated or Qualified

05/26/1995

4. FEI Number

65-0616468

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

BARTSOCAS, KIKI
501 GOLDEN ISLES
#206C
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DST
STREET ADDRESS BARTSOCAS, KIKI
CITY-ST-ZIP 3800 W. COMMERCIAL BLVD. STE 214
FORT LAUDERDALE FL 33309

TITLE ☐ DELETE

NAME DP
STREET ADDRESS BARTSOCAS, GUS
CITY-ST-ZIP 3800 W. COMMERCIAL BLVD. STE 214
FORT LAUDERDALE FL 33309

TITLE ☐ DELETE

NAME DVP
STREET ADDRESS BARTSOCAS, PERRY
CITY-ST-ZIP 3800 W. COMMERCIAL BLVD. STE 214
FORT LAUDERDALE FL 33309

TITLE ☐ DELETE

NAME DVP
STREET ADDRESS BARTSOCAS, JOHN
CITY-ST-ZIP 3800 W. COMMERCIAL BLVD. STE 214
FORT LAUDERDALE FL 33309

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 501 GOLDEN ISLES DR #206C
1.4 CITY-ST-ZIP HALLANDALE FL 33009

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 501 GOLDEN ISLES DR #206C
2.4 CITY-ST-ZIP HALLANDALE FL 33009

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 8701 PHILIPS HWY #104
3.4 CITY-ST-ZIP JACKSONVILLE FL 32256

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 8701 PHILIPS HWY #104
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 ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

CR2E034 (10/97)