

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90033 042 ***150.00

DOCUMENT # P95000041701

1. Corporation Name
SUBIES NEPTUNE, INC.

Principal Place of Business

410 ATLANTIC BLVD
NEPTUNE BCH FL 32215
US

Mailing Address

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

DO NOT WRITE IN THIS SPACE

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 the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 410 E. HALLANDALE
Suite, Apt. #, etc.

27 City & State

28 HALLANDALE FL

29 Zip

Country

30 33009

USA

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)

410 E. HALLANDALE

83

#201

84 City

HALLANDALE

FL

85 Zip Code

33009

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 DST ☐ DELETE

NAME BARTSOCAS, KIKI
STREET ADDRESS 501 GOLDEN ISLES DR #206C
CITY-ST-ZIP HALLANDALE FL 33009

TITLE DP ☐ DELETE

NAME BARTSOCAS, GUS
STREET ADDRESS 501 GOLDEN ISLES DR #206C
CITY-ST-ZIP HALLANDALE FL 33009

TITLE DVP ☐ DELETE

NAME BARTSOCAS, PERRY
STREET ADDRESS 8701 PHILIPS HWY #104
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE DVP ☐ DELETE

NAME BARTSOCAS, JOHN
STREET ADDRESS 8701 PHILIPS HWY #104
CITY-ST-ZIP JACKSONVILLE FL 32256

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 410 E. HALLANDALE #201
1.4 CITY-ST-ZIP HALLANDALE FL 33009

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 410 E. HALLANDALE #201
2.4 CITY-ST-ZIP HALLANDALE FL 33009

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99

954-456 3131

Date

Daytime Phone #

CR2E034 (11/98)