

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

|   |   |  |
|---|---|--|
| <b>'PROFIT<br/>CORPORATION<br/>ANNUAL REPORT<br/>1997</b> |  | FLORIDA DEPARTMENT OF STATE                    |
|   |   | <b>Sandra B. Morham</b>                        |
|   |   | Secretary of State<br>DIVISION OF CORPORATIONS |

DOCUMENT # P95000043642 (4)

1. Corporation Name  
**PURPLE NEON, INC.**

Principal Place of Business

**385 U.S. 41  
BYPASS NORTH  
VENICE FL 34292**

Mailing Address

**385 U.S. 41  
BYPASS NORTH  
VENICE FL 34292**

FILED

97 AUG 14 AM 9:59

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

|                                |  |                        |  |   |  |  |  |
|--------------------------------|--|------------------------|--|---|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br><b>06/06/1995</b>  |  | 3a. Date of Last Report<br><b>08/01/1996</b> |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 4. FEI Number<br><b>65-0587405</b>  |  | Applied For<br>Not Applicable                |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75 Additional<br/>Fee Required</b>    |  |
| 23 Zip                         |  | 28 Zip                 |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  |  | <b>\$5.00 May Be<br/>Added to Fees</b>       |  |
| 24 Country                     |  | 29 Country             |  | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |

9. Name and Address of Current Registered Agent

**DESJARLAIS, MARY L ESQ.  
8075 S. BENEVA RD.  
SUITE 5  
SARASOTA FL 34238**

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 607.012 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

|                            |                          |   |  |
|----------------------------|--------------------------|---|--|
| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
| TITLE                      | DP                       | 11 TITLE  |  |
| NAME                       | GORDON, JAMES F          | 12 NAME   |  |
| STREET ADDRESS             | 350 SORRENTO RANCHES DR. | 13 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                | NOKOMIS FL               | 14 CITY-ST-ZIP  |  |
| TITLE                      | DV                       | 21 TITLE  |  |
| NAME                       | GORDON, BONNIE R         | 22 NAME   |  |
| STREET ADDRESS             | 350 SORRENTO RANCHES DR. | 23 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                | NOKOMIS FL               | 24 CITY-ST-ZIP  |  |
| TITLE                      | DT                       | 31 TITLE  |  |
| NAME                       | KIRVIN, PAUL             | 32 NAME   |  |
| STREET ADDRESS             | 1308 SUNSET AVE.         | 33 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                | NOKOMIS FL               | 34 CITY-ST-ZIP  |  |
| TITLE                      | SD                       | 41 TITLE  |  |
| NAME                       | KIRVIN, SUSAN            | 42 NAME   |  |
| STREET ADDRESS             | 1308 SUNSET AVE.         | 43 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                | NOKOMIS FL               | 44 CITY-ST-ZIP  |  |
| TITLE                      |                          | 51 TITLE  |  |
| NAME                       |                          | 52 NAME   |  |
| STREET ADDRESS             |                          | 53 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                          | 54 CITY-ST-ZIP  |  |
| TITLE                      |                          | 61 TITLE  |  |
| NAME                       |                          | 62 NAME   |  |
| STREET ADDRESS             |                          | 63 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                          | 64 CITY-ST-ZIP  |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

*[Handwritten Signature]*

CR2E034 (4/97)

# Purple's

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pg. 2

7/21/97

Just received a second request for filing. All three Corporation, were filed in a timely fashion.

I contacted my bank and only two checks were deposited. If you lost the paperwork that is not my problem. Enclosed is copy of filing fee application that I sent to you in April 9, 1997. Enclosed is replacement check for the one, someone misplaced.

Thank You Jim Jordan