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PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnami Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000077990 (6)

| NEATO, INC. | | |
|---|---|-------|
| Principal Place of Business | Maling Address | |
| 6278 NORTH FEDERAL HIGHWAY. SUITE 121 FORT LAUDERDALE FL 33308 | 6278 NORTH FEDERAL HIGHWAY. SUITE 121 FORT LAUDERDALE FL 33308 | |
| | | 3. Da |
| Principal Place of Business | 2a Mailno Address | 4 FE |

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| FORT LAUDEI | RDALE FL 33308 | FORT LAUDERDALE | FL 33308 | Date Incorporated or Qualified | Report |
|------------------|--|-------------------------------|-----------------------------------|--|-------------------------------|
| | | | | 10/11/1995 | |
| 2. Principal Pla | ce of Business | 2a. Mailing Address | | | Applied For Not Applicable |
| Suite, Apt. # | , etc. | Suite, Apt. #, etc. | | I 5 Certificate of Status Desired I I | 5 Additional Required |
| City & State | | City & State | | | 00 May Be ed to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for intangible tax under s | 199.032, |
| 24 | 25 | 29 | 30 | Florida Statutes | |
| | Name and Address of Cur | rent Registered Agent | | 10. Name and Address of New Registered Agent | |
| 343 ALM | v firm of Lawrence J SP Ieria avenue Gables FL 33134 | HEGEL CHRTD | 81 Name - 82 Street A | TED MORE ddress (P.O. Box Number is Na Acceptable) 624 N PIXIE HWY. | |
| | | | 84 City L | T. LAUDERDALE FL 85 3 | ip Code |
| 11 Durguant to | the provisings of Sections 607.0 | 502 and 607 1508 Floods Sta | tutes the above named our | poration submits this statement for the purpose of changing its | registered office |
| or registere | ed agent, or both, in the State of F | Torida. Such change was autho | prized by the corporation's t | loard of directors. I hereby accept the appointment as registered | d agent I anı |
| familiar with | h, and accept the obligations of, S | | TED MON | RE 4-27-9 | 16 |
| SIGNATURE _ | Signature Typoid or profest matter of registerer Fa | Tours , PRES. | frülk Rigister (Agest sejruniere) | | ' |
| 12. | | AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTO | ORS IN 12 |
| TITLE | PSTD | DELETE | 1, 1 TITLE | ☐ Change | ☐ Addition |
| NAME | MOORE, TED | | 1.2 NAME | | |
| STREET ADDRESS | 6278 NORTH FEDERAL H | IGHWAY, SUITE 121 | 13 STREET ADDRESS | | |
| CiTY-ST-ZIP | FORT LAUDERDALE FL 33 | | 14 CiTy - ST- 7 P | | |
| Tirut | | DELETE | 2 1 HILF | Change | ☐ Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-SI-ZIP | | | 2.4 CiTy - ST - ZiP | | |
| TITLE | | ☐ DELETE | 3 1 TOLE | Change | Add-tion |
| NAME | | | 3 2 NAME | | |
| STREET ADDRESS | | | 3.3 STREEF ADDRESS | | |
| City-St-ZiP | | | 3.4 CHY ST-ZIP | Character of the control of the cont | - Addito |
| TITLE | | ☐ DELETE | 4 1 TITLE | ☐ Change | Addition |
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| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
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| NAME | | | 5 2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | DELETE | 5 4 C(TY - ST - ZIF G 1 TIFLE | ☐ Change | . Addition |
| TITLE | | □ pere≀e | 6 2 NAME | Change | |
| NAME | | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CH1Y - S* - ZIP | 1 | | 64CiTY-ST-7iP | | |

14. I do hereby certify that the information supplied with this fling 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 early, 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 13 of changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MURE 4-27-96 (954)630-8164