

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000095197 (6)

1. Corporation Name

NEEM INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

161 FELLSMERE ROAD
SEBASTIAN FL 32978

161 FELLSMERE ROAD
SEBASTIAN FL 32978

3. Date Incorporated or Qualified
12/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 P.O. Box 780401

22 City & State

27 City & State
Sebastian, FL

24 Zip

Country

29 Zip

Country

25

30 32978-0401

Indian River

4. FEI Number

59-33 64 375

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNAPSTEIN, CAROL
161 FELLSMERE ROAD
SEBASTIAN FL 32978

81 Name
HAESLER, DAVID

82 Street Address (P.O. Box Number is Not Acceptable)

161 Fellsmere Rd

83 PO Box 780401

84 City
Sebastian

FL

85 Zip Code
32978-0401

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 DAVID HAESLER, President

David Haesler 7/25/96

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

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KNAPSTEIN, CAROL
STREET ADDRESS 9175 CENTRAL AVE.
CITY-ST-ZIP MICCO FL 32978

DELETE

11 TITLE President / TREASURER
12 NAME DAVID HAESLER
13 STREET ADDRESS PO Box 804 N/A
14 CITY-ST-ZIP ROSELAND, FL 32957

Change Addition

TITLE D
NAME TURROU, TZADI
STREET ADDRESS 11086 ROSELAND ROAD
CITY-ST-ZIP SEBASTIAN FL 32958

DELETE

21 TITLE Vice President / SECRETARY
22 NAME LUCY HORNE
23 STREET ADDRESS PO Box 1157 N/A
24 CITY-ST-ZIP SEBASTIAN, FL 32978

Change Addition

TITLE D
NAME WATTERS, JACQUOLYN
STREET ADDRESS 50 SUNSET DRIVE
CITY-ST-ZIP SEBASTIAN FL 32958

DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Change Addition

TITLE D
NAME GERLI, NINA
STREET ADDRESS 9574 FLEMING GRANT ROAD
CITY-ST-ZIP MICCO FL 32978

DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DAVID HAESLER

561-589-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)