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May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000035547 (4)

1. Corporation Name  
NEON BEACH II, INC.

Principal Place of Business  
7436 ROYAL PALM BOULEVARD  
MARGATE FL 33063

Mailing Address  
7436 ROYAL PALM BOULEVARD  
MARGATE FL 33063-8881



2. Principal Place of Business 21 7436 Royal Palm Blvd Suite, Apt. #, etc. 22 Margate City & State 23 FL - Florida Zip 24 33063		2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Broward Country 30		3. Date Incorporated or Qualified 04/24/1996		3a. Date of Last Report	
				4. FEI Number 65-0669436		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				10. Name and Address of New Registered Agent 81 Name A.C. Carbone, C.P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 1001 W. Cypress Creek Rd. #403 83 84 City Ft. Lauderdale FL 85 Zip Code 33309			
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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: John H. Detrick A.C. Carbone 5/9/97 4/21/97  
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	DETRICK, JOHN H	1.1 TITLE		1.2 NAME	
STREET ADDRESS	7436 ROYAL PALM BOULEVARD	CITY - ST - ZIP	MARGATE FL 33063	1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
TITLE	VD	NAME	DETRICK, TONI F	2.1 TITLE		2.2 NAME	
STREET ADDRESS	7436 ROYAL PALM BOULEVARD	CITY - ST - ZIP	MARGATE FL 33063	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
TITLE	SD	NAME	DETRICK, TRACEY BETH	3.1 TITLE		3.2 NAME	
STREET ADDRESS	7436 ROYAL PALM BOULEVARD	CITY - ST - ZIP	MARGATE FL 33063	3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
TITLE	TD	NAME	DETRICK, TREVOR JOHN	4.1 TITLE		4.2 NAME	
STREET ADDRESS	7436 ROYAL PALM BOULEVARD	CITY - ST - ZIP	MARGATE FL 33063	4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
TITLE		NAME		5.1 TITLE		5.2 NAME	
STREET ADDRESS		CITY - ST - ZIP		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS		CITY - ST - ZIP		6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: John H. Detrick John H. Detrick 4/21/97 (954) 968-8188  
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)