

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000038002

1. Entity Name
NOVONEURON, INC.



Principal Place of Business
2411 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33020

Mailing Address
2411 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33020



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0779750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GELLER, JOSEPH S ESQUIRE
2411 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33020

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MASH, DEBORAH C
STREET ADDRESS 2411 HOLLYWOOD BOULEVARD
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE VD
NAME GELLER, JOSEPH S
STREET ADDRESS 2411 HOLLYWOOD BOULEVARD
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE V
NAME HEARN, W.LEE
STREET ADDRESS 6321 SW 136 AVENUE
CITY-ST-ZIP FT. LAUDERDALE, FL 33330

TITLE D
NAME TYLER, M
STREET ADDRESS 1031 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE STD
NAME KUEHNE, B P
STREET ADDRESS 100 SE 2ND ST, 3550
CITY-ST-ZIP MIAMI, FL 33131

TITLE D
NAME TALMERS, LYDIA
STREET ADDRESS 30310 RCR 14E
CITY-ST-ZIP STEAMBOAT, CO 80477

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21 30-44-80, 32-017 150.00

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #