


FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90028 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P96000080815 JOK</i> 1. Corporation Name <i>Neptune Distributors, Inc.</i>			
Principal Place of Business		Mailing Address	
<i>1956 SW Biltmore Rd</i> <i>PSL, FL 34984</i>			
2. Principal Place of Business		2a. Mailing Address	
21 <i>1956 SW Biltmore Rd</i> Suite, Apt. #, etc.		26 <i>Same</i> Suite, Apt. #, etc.	
City & State		City & State	
23 <i>PSL, FL 34984</i> Zip		28 <i>PSL, FL 34984</i> Zip	
Country		Country	
24 <i>USA</i> 25		29 <i>USA</i> 30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<i>Richard Schoonmaker</i> <i>1958 SE Port St. Luke Blvd</i> <i>PSL, FL 34952</i>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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.		DATE	
SIGNATURE <i>Richard Schoonmaker</i>		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.1 <i>Daniel L. Yost</i> <i>1956 SW Biltmore Rd</i> <i>PSL, FL 34984</i>		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-871-2019

CR2E034 (11/98)