FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000010686 (8)

CURTIS J. NEAL, P.A.

nclpal Place of Business	Mailing Address		
3 NORTH APOPKA AVENUE	213 NORTH APOPKA AVENUE		
VERNESS FL 34450	INVERNESS FL 34450		

FILED Apr 16 1998 8:00am Secretary of State



						<u> </u>	
Principal Place of Business Mailing Address 213 NORTH APOPKA AVENUE 213 NORTH APOPKA AVENUE					7 (THE PERIOD OF SUPPLIED TO	ANDRI MODILA ODILA HADIS BISS 1085	
INVERNESS FL 34450 INVERNESS FL 34450				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
					01/30/1997		
2. Principal P	Place of Business	2a. Mailing Add	tress		4. FEI Number	Applied For	
21		26			59-3433017	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt	#, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			6. Certificate of Status Desired	Fee Required	
City & Stat	te	City & State	•		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the	_ ' _ ` I	
24	25 9. Name and Address of Cu	29 Pagistared Agent	[30]		Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes □ No	
	······	TOTAL TIONISTONED AGOIL		81 Name		ad Agent	
NEAL, CURTIS J							
213 NORTH APOPKA AVENUE			ſ	82 Stree	t Address (P.O. Box Number is Not Acceptable)		
IN/	ÆRNESS FL 34450		}	83			
			[B4 City	F	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.	.0502 and 607.1508. Flor	ida Statutes, the an	ove-name	d corporation submits this statement for the purpose		
l office of r	registered agent, or both, in the Sim familiar with, and accept the o	tate of Florida. Such cha	nga was authorizad	hy the co	rporation's board of directors. I hereby accept the a	ppointment as registered	
SIGNATURE	in termina with and necessarily the e	ongarons or, obotion oo	1.0000, Facilità State	iteo.			
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable.	(NOTE: Registered	Agent signatu	re required when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	0	□ [DELETE 1.1 TITE	.E	Prespent	Change 🔀 Addition	
NAME	NEAL, CURTIS J		1.2 NA		NEAL CORTIS I 4055 S. PLANING GOOD	ادي	
STREET ADDRESS	4055 SOUTH PLEASANT (grove road	1.3 STF	eet address	4055 S, MEHVINI COULT		
CITY-ST-ZIP	INVERNESS FL 34452			Y-ST-ZIP	INVERNESS, FL 34452		
TITLE	•		DELETE 2.1 TITI	.E		Change Addition	
NAME			2.2 NAI	AE .			
STREET ADDRESS			2.3 STF	EET ADDRESS			
CITY-ST-ZIP	 	 		Y - ST - ZIP			
TITLE		<u> </u>	DELETE 3.1 TITE			☐ Change ☐ Addition	
NAME			3,2 NAI	-			
STREET ADDRESS			1	EET ADDRESS			
CITY-ST-ZIP TITLE				Y-ST-ZIP		Change Addition	
NAME		L				Change L Addition	
STREET ADDRESS			4. 2 NA				
				EET ADDRESS		-	
CITY-ST-ZIP TITLE		T r	4.4 C(1) ELETÉ 5.1 TITL	r-ST-ZIP		Change Addition	
NAME			5.2 NAM			Consulte Controll	
STREET ADDRESS	•			te Eet address			
CITY-ST-ZIP				- ST - ZIP			
TITLE	· · · · · · · · · · · · · · · · · · ·	IΠ	ELETE 6.1 TITL			Change Addition	
NAME			6.2 NAA				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				-ST-7IP			

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 of 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 of on an attachment with an address.