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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000039232 (8)

FILED Feb 03 1998 8:00am Secretary of State

NEPT	UNE MANAGEMENT, INC.								
Principal Plac	e of Business	Mailing Add	Iress			-{	III an ur alia iriki iibe		
10887 OVERSEAS HIGHWAY 10887 OVERSEAS HIGHW									
MARATHON FL 33050 MARATHON FL 33050				N •					
						DO NOT WRITE IN	N THIS SPACE		
						3. Date Incorporated or Qualified			
a Deinalaul D	Non-of Durings	T = 14-05	A -1-1			05/02/1997			
	lace of Business	2a. Mailing	Address			4. FEI Number	• +	plied For	
Suite, Apt.	# ptc	26 Suite Ar	ot. #, etc.	 		65 01110 80		t Applicable	
22	", 510.	27	or, w, org.			5. Certificate of Status Desired	☐ \$8.75 #		
City & Stat	8	City & State				6. Election Campaign Financing	\$5.00		
23		28				, , ,	☐ Added t		
Zip	Country	Zip	T T	Country		8. This corporation owes or has paid			
24	25					Personal Property Tax due June 30. Yes No			
	g, Name and Address of Current	l Registered Age	ent			10. Name and Address of New Regi	stered Agent		
A	MERILAWYER CHARTERED			B1	Name	LLIAM J. COA	-TF=C		
3	43 ALM ERIA AV E NUE			82	Street Addre	ess (P.O. Box Number is Not Acceptable	1 <u></u>		
C	ORAL GABLES FL 33134				100	ess (P.O. Box Number is Not Acceptable	S HW!		
				83					
				84	City	4 4	85 Zip C	ode/_	
				f 1	MH	RATHON	- FL 2 2	OSO	
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both in the State (Pland 607.1508, F of Florida, Such c	Florida Statutes,	the above	 named corporation 	oration submits this statement for the pur on's board of directors. I hereby accept	pose of changing its	registered	
agent. I a	m familiar with, and accept the obliga	tions of, Section	607.0505, Florid	la Statutes		sire board or directors. Tripleby accept		egistered	
SIGNATURE		WILLIAR	L J.Com	A		1.23.	15-		
		and title if applicable	(NOTE: Re		nt signature required		DATE		
12.	PSTO OFFICERS AND		DELETE	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR:	Addition S	
NAME	COATES, WILLIAM J	_	7 011111	1.2 NAME			C Orango		
STREET ADDRESS	10887 OVERSEAS HIGHWAY	1			INDEEC			8	
CITY-ST-ZIP	MARATHON FL 33050			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
TITLE	VD		DELETÉ	21 TITLE	-21		Change	Addition	
NAME	COATES, SUSAN A	_		2.2 NAME			C Sittings		
STREET ADDRESS	10887 OVERSEAS HIGHWAY			2.3 STREET ADDRESS					
CITY-ST-ZIP	MARATHON FL 33050	•		2.4 CITY-S					
TITLE			DELETE	3.1 TITLE	1 - 211		Change	Addition	
NAME			_	3.2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-ZIP				3.4. CITY - S	1-7IP				
TITLE			DELETE	4.1 TITLE		······································	Change	Addition	
NAME				4. 2 NAME					
STREET ADORESS				4.3 STREET A	ADDRESS				
CITY-ST-ZIP			ı	4.4 CITY-ST	- ZIP				
TITLE			DELETE	5.1 TITLE			☐ Change	Addition	
NAME			1	52 NAME					
STREET ADDRESS				5.3 STREET A	ODRESS				
CITY-ST-ZIP				5.4 CITY-ST	- ZIP				
TITLE			DELETE	6.1 TITLE			☐ Change	Addition	
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET A	DDRESS				
CITY-ST-ZIP	-			6.4 CITY - ST					
44 hereby o	partiful that the information cumplied with	h this filing door	not avalify for th	o avaranti	on stated in C	Caption 110 07/2\/i\ Elevida Statutas I fur	they earlify that the	oformation	

I nereby 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 informatio 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 changes, so on an attachment with an address.