## 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 # P97000042349 (5)

NEOTECH DEVELOPMENT COMPANY, INC.

Principal Place of Business

Mailing Address

## FILED Apr 29 1998 8:00am Secretary of State



| OSPREY FL 34229 OSPREY FL 34229   | DO NOT INDITE IN THIS COACE   |
|---|---|
|   | DO NOT WRITE IN THIS SPACE  |
|   | 3/1997  |
| 2. Principal Place of Business 2a. Mailing Address 4. FEI Nur 21 26 26  |   |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   | ata of Status Desired S8.75 Additional  |
| 22] 27  | Fee Required  |
|   | n Campaign Financing \$5.00 May Be und Contribution Added to Fees   |
| Zip Country Zip Country B. This co  | rporation owes or has paid the current year Intangible  |
|   | at Property Tax due June 30. Yes VNo  |
|   |   |
| GOLLA, MICHAEL  |   |
| OSPREY FL 34229  82 Street Address (P.O. Box  | Number is Not Acceptable)   |
|   |   |
| 84 City   | FL 85 Zip Code  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of | ts this statement for the purpose of changing its registered directors. I hereby accept the appointment as registered |
| agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  |   |
| SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating  | ) DATE  |
|   | NS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE D DELETE 1.1 TITLE  | Change Addition   |
| NAME GULLA, MICHAEL 12 NAME   |   |
| STREET ADDRESS 248 WOODS POINT ROAD 13 STREET ADDRESS   |   |
| CITY-S1-ZIP   OSPREY FL 34229   | Change Addition   |
| NAME 22 NAME  |   |
| STREET ADDRESS 23 STREET ADDRESS  |   |
| CITY-ST-ZIP 2 4 CITY-ST-ZIP   |   |
| TITLE DELETE 3.1 TITLE  | ☐ Change ☐ Addition   |
| NAME 32 NAME  |   |
| STREET ADDRESS 3.3 STREET ADDRESS   |   |
| CITY-ST-ZIP 3.4. CITY-ST-ZIP  |   |
| TITLE DELETE 4.1 TITLE  | Change Addition   |
| NAME 4. 2 NAME  |   |
| STREET ADDRESS 4.3 STREET ADDRESS   |   |
| CITY-ST-ZIP 4.4 CITY-ST-ZIP   | Change  |
| TITLE DELETE 5.1 TITLE  | ☐ Change ☐ Addition   |
| NAME 5.2 NAME   |   |
| STREET ADDRESS  CITY- ST-ZIP  5.3 STREET ADDRESS  6.4 CITY- ST-ZIP  | 1   |
| CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DFLFTE         6.1 TITLE  | ☐ Change ☐ Addition   |
| MAME 6.2 NAME   |   |
| STREET ADDRESS 6.3 STREET ADDRESS   |   |
| CITY-ST-ZIP 6.4 CITY-ST-ZIP   |   |

4. Thereby 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 an application with an address.

1-17 1998 941-966-6344

CICALATURE