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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000073514

THE CUEVAS-NEUNDER'S CORPORATION

Principal Place of Business									
9001 HUNTINGTON POINTE DR									
CARACOTA EL 24228									

Mailing Address

9001 HUNTINGTON POINTE DR SARASOTA FL 34238

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90108 044 ***158.75



DO NOT WRITE IN THIS SPACE

							08/22/1997				
2 Principal Pl	ace of Business	2a.	2a. Mailing Address				4. FEI Number	78	Ar	plied For	
21		26	<u> </u>				65-0778009		No.	t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional				
22		27					5. Certificate of Status Desired	· ·	Fee Re	equired	
City & State			City & State				6. Election Campaign Financing	П.	\$5.00	, ,	
23			8				-Trust Fund Contribution: * *			to Fees	
Zip	Country	<u> </u>	Zip	Country	1		8. This corporation owes the cur		ngible □Yes	□No I	
24	25	29	30				Personal Property Tax. Li Yes Li No 10. Name and Address of New Registered Agent				
	9. Name and Address of Current	Regis	tered Agent	81	Nar	me	10. Name and Address of New	Kegistered A	- Agenit		
CUEVAS-NEUNDER, ELIZABETH					1461	110					
9001 HUNTINGTON POINTE DR				82	Stre	et Addre	dress (P.O. Box Number is Not Acceptable)				
SARASOTA FL 34238									····		
Onto	1001A 1 E 01200			83	'						
				84	City	,		FL	85 Zip	Code	
	to the provisions of Sections 607.0502) and C	07 1500 Florido Statut	on the abou	, nor	od como	protion submits this statement for the		hanging its	registered	
office or re	edistered agent or both in the State o	of Floric	la. Such change was a	utnorizea di	/ Ine c	orporation	n's board of directors. I hereby acce	pt the appoin	tment as re	gistered	
agent. I a	m familiar with, and accept the obligati	ions of,	Section 607.0505, Flo	rida Statute	S.					1	
SIGNATURE		4 444 _ 1	4 N LI-	. Busintered Age	nt rianat	ure cognized	when reinstating)	DATE			
12.	Signature, typed or printed name of registered agent OFFICERS ANI			13.	nit signai	ine required	ADDITIONS/CHANGES TO O		D DIRECTO	ORS IN 12	
TITLE	PD	D DIINE	☐ DELETE	1.1 TITLE					Change	☐ Addition	
NAME	NEUNDER, JOSEPH M			1.2 NAME		-					
STREET ADDRESS	9001 HUNTINGTON POINTE DE	7		1.3 STREE	T ADDR	ESS					
CITY-ST-ZIP	SARASOTA FL 34238	•		1.4 CITY-							
TITLE	SD SD		☐ DELETE	2.1 TITLE	<u> </u>	1			Change	Addition	
NAME	NEUNDER, LISA C			2.2 NAME						- 1	
STREET ADDRESS	9001 HUNTINGTON POINTE DE	2		2.3 STREI	T ADDR	ESS					
CITY-ST-ZIP	SARASOTA FL 34238	•		2. 4 CITY-					•		
TITLE	VD		☐ DELETE	3.1 TITLE					Change	Addition	
NAME	CUEVAS-NEUNDER, ELIZABETI	4		3.2 NAME			_	•			
STREET ADDRESS	9001 HUNTINGTON POINTE DE			3.3 STREE	- T ADDR	ESS					
CITY-ST-ZIP	SARASOTA FL 34238			3.4. CITY-	ST-ZIP						
TITLE	TD		☐ DELETE	4.1 TITLE					☐ Change	☐ Addition	
NAME	NEUNDER, WILLIAM M			4. 2 NAME	:						
STREET ADDRESS	9001 HUNTINGTON POINTE DE	7		4.3 STRE	ET ADDR	ESS				•	
CITY-ST-ZIP	SARASOTA FL 34238			44 CITY-	ST-ZIP						
TITLE			☐ DELETE	5.1 TITLE			,		Change	☐ Addition	
NAME				5.2 NAME					•		
STREET ADDRESS				5.3 STRE	ET ADDR	ESS					
CITY-ST-ZIP				5.4 CITY-	ST-ZIP						
TITLE			☐ DELETE	6.1 TITLE					Change	☐ Addition	
NAME				6.2 NAME							
STREET ADDRESS				6.3 STRE	ET ADDR	ESS					
CITY-ST-ZIP				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.