

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

FILED
Jun 21, 1999 8:00 am
Secretary of State

06-21-1999 90006 002 ***550.00

DOCUMENT # P97000099889

1. Corporation Name

NEPTUNE PARASAIL, INC.

Principal Place of Business

P.O. BOX 7085
DAYTONA BEACH FL 32116

Mailing Address

P.O. BOX 7085
DAYTONA BEACH FL 32116

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1997

4. FEI Number

65-0796383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 P.O. BOX 2010

Suite, Apt. #, etc.

22

City & State

23 FORT LAUDERDALE FL

Zip

24 33303 25 USA

2a. Mailing Address

26 P.O. BOX 2010

Suite, Apt. #, etc.

27

City & State

28 FORT LAUDERDALE FL

Zip

29 33303 30 USA

9. Name and Address of Current Registered Agent

DE PAOLIS, ALESSANDRO
C/O MCCLAIN & CO.
200 S. BISCAYNE BLVD. STE. 1700
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DE PAOLIS, ALESSANDRO

STREET ADDRESS P.O. BOX 7085 N/A

CITY-ST-ZIP DAYTONA BEACH FL 32116

TITLE VD ☐ DELETE

NAME ZEILMANN, KONRAD

STREET ADDRESS P.O. BOX 7085 N/A

CITY-ST-ZIP DAYTONA BEACH FL 32116

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME DE PAOLIS, ALESSANDRO

1.3 STREET ADDRESS 105 SE 12 AVE

1.4 CITY-ST-ZIP FORT LAUDERDALE FL 33301

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME ZEILMANN, KONRAD

2.3 STREET ADDRESS 105 SE 12 AVE

2.4 CITY-ST-ZIP FORT LAUDERDALE FL 33301

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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: *AP De Paolis* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/12/99

Date

954-527-5974

Daytime Phone #

CR2E034 (11/98)