


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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90101 011 \*\*\*150.00



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|---|--|---|---|
| <b>PROFIT CORPORATION<br/>ANNUAL REPORT<br/>1999</b>  |  |  <b>FLORIDA DEPARTMENT OF STATE<br/>Katherine Harris<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |   |
| <b>DOCUMENT # P97000107312</b>  |  |   |   |
| 1. Corporation Name<br><b>NEAT VISIONS, INC.</b>  |  |   |   |
| Principal Place of Business<br><b>7108 FAIRWAY DR. STE 100<br/>PALM BEACH GARDENS FL 33418</b>  |  | Mailing Address<br><b>7108 FAIRWAY DR. STE 100<br/>PALM BEACH GARDENS FL 33418</b>  |   |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 25  |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 30   |   |
| 9. Name and Address of Current Registered Agent<br><b>CONDOR, DEE DEE<br/>7108 FAIRWAY DR, STE 100<br/>PALM BEACH GARDENS FL 33418</b>  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  |  |   |   |
| 12. OFFICERS AND DIRECTORS  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |   |
| TITLE   | P <input type="checkbox"/> DELETE          | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME  | <b>FORBUSH, BOB</b>                        | 1.2 NAME  |   |
| STREET ADDRESS  | <b>7108 FAIRWAY DRIVE, #100</b>            | 1.3 STREET ADDRESS  |   |
| CITY-ST-ZIP   | <b>PALM BEACH GARDENS FL 33418</b>         | 1.4 CITY-ST-ZIP   |   |
| TITLE   | <b>CEO</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <b>C / CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <b>HAMLIN, ROY C.</b>                      | 2.2 NAME  | <b>Hamlin Jr., Roy C.</b>   |
| STREET ADDRESS  | <b>5501 180 PLACE NORTH</b>                | 2.3 STREET ADDRESS  | <b>170 Celestial Way Court S-2</b>  |
| CITY-ST-ZIP   | <b>JUPITER FL 33458</b>                    | 2.4 CITY-ST-ZIP   | <b>Jupiter Beach, FL 33409</b>  |
| TITLE   | <input type="checkbox"/> DELETE            | 3.1 TITLE   | <b>V/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| NAME  |  | 3.2 NAME  | <b>Hamlin III, Roy C.</b>   |
| STREET ADDRESS  |  | 3.3 STREET ADDRESS  | <b>15254 85th Ave. N.</b>   |
| CITY-ST-ZIP   |  | 3.4 CITY-ST-ZIP   | <b>Palm Beach Gardens, FL 33418</b>   |
| TITLE   | <input type="checkbox"/> DELETE            | 4.1 TITLE   | <b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| NAME  |  | 4.2 NAME  | <b>Larson, M</b>  |
| STREET ADDRESS  |  | 4.3 STREET ADDRESS  | <b>28307 Mallard Dr.</b>  |
| CITY-ST-ZIP   |  | 4.4 CITY-ST-ZIP   | <b>Easton, MD 21601</b>   |
| TITLE   | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| NAME  |  | 5.2 NAME  | <b>Condor, DeeDee</b>   |
| STREET ADDRESS  |  | 5.3 STREET ADDRESS  | <b>7108 Fairway Dr. #100</b>  |
| CITY-ST-ZIP   |  | 5.4 CITY-ST-ZIP   | <b>Palm Beach Gardens, FL 33418</b>   |
| TITLE   | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME  |  | 6.2 NAME  |   |
| STREET ADDRESS  |  | 6.3 STREET ADDRESS  |   |
| 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.

SIGNATURE: Dee Dee Condor **SIGNATURE REQUIRED** of Admin. 4/19/99 561/625-1610  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/1/98)