

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90052 049 ***150.00

0428294

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000108105

1. Corporation Name
STRAY CAT NEON, INC.



Principal Place of Business 158 WEST BAY DRIVE LARGO FL 33770	Mailing Address 158 WEST BAY DRIVE LARGO FL 33770
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5915 PARK BLVD.		2a. Mailing Address 26 5915 PARK BLVD.		3. Date Incorporated or Qualified 01/01/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3484869	
City & State 23 PINELLAS PARK, FL		City & State 28 PINELLAS PARK, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33781-3241		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Zip 29 33781-3241		Country 30 USA	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		

9. Name and Address of Current Registered Agent
ROBISON, ALAN R
158 WEST BAY DRIVE
LARGO FL 33770

10. Name and Address of New Registered Agent
 81 Name **ALAN R. ROBISON**
 82 Street Address (P.O. Box Number is Not Acceptable)
5915 PARK BLVD.
 83
 84 City **PINELLAS PARK FL** 85 Zip Code **33781**

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 *Alan R. Robison* **ALAN R. ROBISON** **4/23/99**
Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	ROBISON, ALAN R	
STREET ADDRESS	158 WEST BAY DRIVE	
CITY-ST-ZIP	LARGO FL 33770	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	D		
1.2 NAME	ALAN R. ROBISON		
1.3 STREET ADDRESS	5915 PARK BLVD.		
1.4 CITY-ST-ZIP	PINELLAS PARK, FL 33781-3241		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: *Alan R. Robison* **ALAN R. ROBISON - DIRECTOR** **4/23/99** **727-548-5005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)