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

Mailing Address

PROFIT * CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000069850**

Principal Place of Business

NEET SONOGRAPHIC ENTERPRISES, INC.

5413 HALIFAX DR. ORLANDO FL 32812		5413 HALIFAX DR. ORLANDO FL 32812			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						08/06/1998			
2. Principal Place of Business 2a. Mailing Address				· · · · · · · · · · · · · · · · · · ·		A FEI Number		Applied For	
21		26				59-3530870	No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				_	•	Additional	
22		27	27			5. Certifcate of Status Desired	Fee Re	equired	
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip		ountry		8. This corporation owes the current year Intage		l	
24	25	29	30	,		Fersonal Froperty Tux.	Yes	□No	
	9. Name and Address of Cui	rent Registered Agent		04		10. Name and Address of New Registered Ag	ent		
NCCT	r, lydia k			81	Name				
	HALIFAX DR.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
	ANDO FL 32812								
ONL	THUO I'L JEUIE			83					
				84	City	EI	85 Zip	Code	
				Ш		FL	anging its	registered	
office or re	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change w	as autnorize	ea by ti	he corporation	oration submits this statement for the purpose of ch on's board of directors. I hereby accept the appointn	nent as re	egistered	
SIGNATURE	Signature, typed or printed name of registered	Land title if purposels	NOTE: Begieten	nd Acent	evanatura raquira	d when reinstating) DATE)	
		AND DIRECTORS	13		angripatore require	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12	
TITLE	DP	☐ DELET		TITLE			Change	☐ Addition	
NAME	NEET, LYDIA K		1.2	NAME					
STREET ADDRESS	5413 HALIFAX DR.		1.3	STREET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32812		1.4	CITY-ST-	ZIP				
TITLE		☐ DELET	E 2.1	TITLE			_ Change	☐ Addition	
NAME			22	NAME					
STREET ADDRESS			2.3	STREET	ADDRESS				
CITY-ST-ZIP			2. 4	CITY-ST	- ZIP	. -		**	
TITLE		☐ DELET	E 3.1	TITLE			Change	Addition	
NAME			3.2	NAME					
STREET ADDRESS			3.3	STREET	ADORESS				
CITY-ST-ZIP			3.4.	CITY-ST	-ZIP				
TITLE		☐ DELET	E 4.1	TITLE		[_] Change	Addition	
NAME			4. 2	NAME					
STREET ADDRESS			4.3	STREET	ADDRESS				
CITY-ST-ZIP			4.4	CITY-ST-	-ZIP				
TITLE		☐ DELET		TITLE			Change	Addition	
NAME				NAME				ı	
STREET ADDRESS					ADDRESS			ļ	
CITY-ST-ZIP				CITY-ST-	- ZIP	* *	7 Chan	— A Julia:	
TITLE		☐ DELET	_	TITLE			Change	☐ Addition	
NAME				NAME					
STORET ADDRESS			6.3	STREET	ADDRESS	•			

6.4 CITY-ST-ZIP 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:

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90081 018 ***150.00