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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # S87717

1. Corporation Name M. A. NEUMANN & CO., INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90198 030 ***150.00

Principal Place of Business Mailing Address							-	4 Alak arak pisk s	IBLI BIBIL IUNI	
10360 US HWY 19			10360 US HWY 19							
PINELLAS PARK FL 33782			PINELLAS PARK FL 33782							
US		US				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed			
							10/16/1991			
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number		plied For	
21		26					59-3090084		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A		
City & State		City & State					A Floring Compaint Financias	\$5.00	<u></u>	
			28				6. Election Campaign Financing. Trust Fund Contribution	Added to		
23 Zip	Country			Country	,		8. This corporation owes the current year			
24	25	29	30				Personal Property Tax.			
	9. Name and Address of Current						10. Name and Address of New Registere	d Agent		
				81	Γ	Name		•		
PATTERSON, SUSAN M.				82	┞	Stroot Addro	eet Address (P.O. Box Number is Not Acceptable)			
10360 US HWY 19				02	oz Street Address (F.O. Box Number is Not Acceptable)					
PINELLAS PARK FL 33782										
				84	Ļ	City		85 Zip C	ode	
				04	l	City		L S ZIP	5006	
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 agen	t and title if	applicable /NOTE: Re	nistered Ager	nt s	signature required	when reinstaling) DATE			
12.	OFFICERS AN			13.		aignatara tequilia	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	PD			1.1 TITLE				💢 Change	Addition	
NAME	PATTERSON, BRADFORD S.		1.2 NAME					ļ.		
STREET ADDRESS	ANALONDO TENDANE #4404		1.3 \$		1		12246-68th ST. N.			
CITY-ST-ZIP	BINELLAS RAPK Fk 33782x				1.4 CITY-ST-ZIP		LARGO, FL 33773		t	
TITLE	VD				2.1 TITLE		DAROO, FI JJ7115	☐ Change	☐ Addition	
NAME	PATTERSON, SUSAN M		2.2 NAME							
STREET ADDRESS	4042-55TH WAY N.		1		2.3 STREET ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL 33782				2.4 CITY-ST-ZIP					
TITLE	STD DELETE		3.1 TITLE				X Change	Addition		
NAME			3.2 NAME					,		
STREET ADDRESS	******************		3.3 STREET ADDRESS		ADDRESS :	9610-68TH ST. N.		ţ		
CITY-ST-ZIP	PINEXLAS RAFIK XX XXXX			3.4. CiTY-ST-ZIP		i	PINELLAS PARK, FL	33782		
TITLE			4.1 TITLE				Change	☐ Addition		
NAME				4. 2 NAME			•			
STREET ADDRESS			4.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP		•		4.4 CITY-S					j	
TITLE			5.1 TITLE	_			☐ Change	☐ Addition		
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	TΑ	ADDRESS				
CITY-ST-ZIP				54 CITY-S	11-2	ZIP		. (]	
TITLE			☐ DELETE	6.1 TITLE				☐ Change	☐ Addition	
NAME				6.2 NAME			•		İ	
STREET ADDRESS				6.3 STREET ADDRESS		ADDRESS				
STREET HOUSESS					_					

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.