

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V55315
1. Corporation Name

Florida Neptune, Inc.

Principal Place of Business: 3204 Bird Avenue, Coconut Grove, FL 33133
Mailing Address: 3204 Bird Avenue, Coconut Grove, FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified: 07/30/1992
3a. Date of Last Report: 12/22/94
4. FEI Number: 65-0347035
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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Sute, Apt. #, etc.: 22
City & State: 23
Zip: 24, 25, 29, 30

9. Name and Address of Current Registered Agent

Forman, Terry J.
1501 S.W. LeJeune Road
Coral Gables, FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____ DATE: _____
Signature: Typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Thoma, Hans A.
STREET ADDRESS	3204 Bird Avenue
CITY ST ZIP	Coconut Grove, FL 33133
TITLE	S
NAME	Forman, Terry J.
STREET ADDRESS	1501 S.W. LeJeune Road
CITY ST ZIP	Coral Gables, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	800001491689
13 STREET ADDRESS	-05/17/95--01140--001
14 CITY ST ZIP	****200.00 ****200.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13, changed or on an attachment with an address.

SIGNATURE: *Terry J. Forman* TERRY J. FORMAN 5/1/95 (305) 444-5724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR