

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

0304330

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90022 017 ***150.00

DOCUMENT # 462578

1. Corporation Name
EMESSEN INTERNATIONAL INC.



Principal Place of Business
C/O MYRON S. NEIMAN
9821 S.W. 2ND ST.
PLANTATION FL 33324-2316

Mailing Address
C/O MYRON S. NEIMAN
9821 S.W. 2ND ST.
PLANTATION FL 33324-2316

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 6864 W. LISERON

2a. Mailing Address

26 6864 W. LISERON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 BOYNTON BEACH

City & State

28 FLORIDA

Zip

24 33437

Country

Zip

29 33437

Country

30

3. Date Incorporated or Qualified

10/02/1974

4. FEI Number

56-1246550

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

NEIMAN, MYRON S.
9821 S.W. 2ND ST.
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name

MYRON S. NEIMAN

82 Street Address (P.O. Box Number is Not Acceptable)

6864 W. LISERON

83

84 City

BOYNTON BEACH

FL

85

Zip Code

33437

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME NEIMAN, MYRON
STREET ADDRESS 9821 S.W. 2ND ST.
CITY-ST-ZIP PLANTATION FL

☐ DELETE

TITLE S
NAME NEIMAN, JOAN
STREET ADDRESS 9821 S.W. 2ND ST.
CITY-ST-ZIP PLANTATION FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)