**PROFIT** CORPORATION ANNUAL REPORT

1999

Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** F92000000227 1. Corporation Name

Country

## NATIONAL ENVIRONMENTAL SAFETY COMPANY, INC.

Principal Place of Business Mailing Address 307 HOLIDAY DRIVE 10-38 46TH ROAD P.H. LIC NY 11101 HALLENDALE FL 33009

2a. Mailing Address

City & State

Suite, Apt. #, etc.

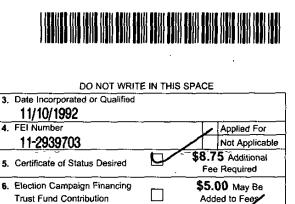
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## **FILED** Jul 16, 1999 8:00 am Secrétary of State

07-16-1999 90012 049 \*\*\*558.75



8. This corporation owes the current year

20		30		intaligible Personal Toperty.			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
FERTITTA, DOMINICK		3	31	Name			
307 HOLIDAY DRIVE		[8	32	2 Street Address (P.O. Box Number is Not Acceptable)			
HALLENDALE FL 33009		[8	33		_		
		3	34	City F1 85 Zip Code			

11. Pursuant to the provisions of sections 807.0502 0502 and 697 1506. Fibrida Statutes, the above-named corporation submits this statement for the purpose of changing its registered tale of Elorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent or both

agent. i a	am familiar with the accept the collections of, section	in our vous, Florig	ra Statutes.	6.1110	aa			
SIGNATURE			lan inick	FertittA	7-2-99			
	Signature, typed or printed name of registered agent and title if applicab			gistered Agent signature required when reinstating)  DATE				
12	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12				
TITLE	( P	DELETE	1.1 TITLE		Change Addition			
NAME	FERTITTA, DOMINICK		1.2 NAME					
STREET ADDRESS	307 HOLIDAY DRIVE		1.3 STREET ADDRESS					
CITY-ST-ZIP	HALLENDALE FL 33009		1.4 CITY-ST-ZIP					
TITLE	V	DELETE	2.1 TITLE		Change Addition			
NAME	CANELLOS, MARK		2.2 NAME					
STREET ADDRESS	24-40 LITTLE NECK BLVD		2.3 STREET ADDRESS					
CITY-ST-ZIP	BAYSIDE NY 11360		2.4 CITY-ST-ZIP					
TITLE		DELETE	3.1 TITLE		Change Addition			
NAME			3.2 NAME					
STREET ADDRESS		·	3.3 STREET ADDRESS		ł			
CITY-ST-ZIP			3.4 CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE		Change Addition			
NAME .			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		DELETE	5.1 TITLE		Change Addition			
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-\$T-ZIP			5.4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITLE		Change Addition			
*****			COMME		ł			

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 of 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

718 361-0044

T No