

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

MENT # **F95000000535**

on Name

**NORTHEAST, INC.**

Place of Business  
**CENTRAL BLVD., NORTH  
EACH FL 33064**

Mailing Address  
**865 MERRICK AVE  
WESTBURY NY 11590  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/01/1995**

4. FEI Number

**-11-2589841**

Applied For

Not Applicable

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. This corporation owes the current year  
Intangible Personal Property.

☐

Yes

☐

No

Place of Business

2a. Mailing Address

26

City, etc.

Suite, Apt. #, etc.

27

State

City & State

28

Country

Zip

Country

25

29

30

9. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.  
10 NORTH MAGNOLIA ST  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

I certify that the information supplied with this filing does not qualify for the exemption stated in section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, section 607.0505, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CD  
**ASHKIN, MICHAEL  
865 MERRICK AVENUE  
WESTBURY NY**

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

AS  
**SORACI, JUSTINA  
865 MERRICK AVENUE  
WESTBURY NY**

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

S  
**ASHKIN, LAURA  
865 MERRICK AVENUE  
WESTBURY NY**

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

T  
**ASHKIN, SHEILA  
865 MERRICK AVENUE  
WESTBURY NY**

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

P  
**CAPUTO, MICHAEL  
865 MERRICK AVENUE  
WESTBURY NY 11590**

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

CEO  
**ASHKIN, CARL  
865 MERRICK AVENUE  
WESTBURY NY 11590**

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

I 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 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.

**MICHAEL CAPUTO**

SIGNATURE

8/27/99

(516)653-1800

CR2E034 (5/99)