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

**PROFIT** CORPORATION ANNUAL REPORT

1998

KASEN, MARTIN

21000 BOCA RIO ROAD #A-15

**BOCA RATON FL 33433** 

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F95000003573 (1)

| NESAK INTERNATIONAL, I                                                                                  | NC.                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|---------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Principal Place of Business                                                                             | Mailing Address .                  | T HORNER HIND THEM SELLER HINDS HINDS HINDS HINDS HINDS HIND SHALL BONDER HINDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 21000 BOCA RIO ROAD. SUITE A-15 BOCA RATON FL 33433 21000 BOCA RIO ROAD. SUITE A-15 BOCA RATON FL 33433 |                                    | DO NOT WRITE IN THIS SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|                                                                                                         |                                    | 3. Date Incorporated or Qualified 07/25/1995                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 2. Principal Place of Business                                                                          | 2a. Mailing Address                | 4. FEI Number Applied Fo 22-2971996 Not Applied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Suite, Apt. #, etc.                                                                                     | Suite, Apt #, etc.                 | 5. Certificate of Status Desired Security Securi |  |
| City & Stato                                                                                            | City & State                       | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Zip         Country           24         25                                                             | Z <sub>1</sub> p Country <b>30</b> | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| 9. Name and Address                                                                                     | of Current Registered Agent        | 10. Name and Address of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |

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.

82

83

Name

City

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

| SIGNATURE      | Signature, typed or present name of registered agent and title if applicable (NC | Tt. Registered Agent signature reg | jured when reinstating) DATE                      |
|----------------|----------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------|
| 12,            | OFFICERS AND DIRECTORS                                                           | 13.                                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE          | PD DELETE                                                                        | 1.1 TITLE                          | Change Addition                                   |
| NAME           | KASEN, MARTIN                                                                    | 1.2 NAME                           |                                                   |
| STREET ADDRESS | 21000 BOCA RIO RD A-15                                                           | 1.3 STREET ADDRESS                 |                                                   |
| CITY-ST-ZIP    | BOÇA RATON FL                                                                    | 1.4 CITY-ST-ZIP                    |                                                   |
| TITLE          | DELETE                                                                           | 21 TITLE                           | Change Addition                                   |
| NAME           |                                                                                  | 2.2 NAME                           |                                                   |
| STREET ADDRESS |                                                                                  | 2.3 STREET ADDRESS                 |                                                   |
| CITY-ST-ZIP    |                                                                                  | 2.4 CITY-ST-ZIP                    |                                                   |
| TITLE          | ☐ DELETE                                                                         | 3.1 TITLE                          | Change Addition                                   |
| NAME           |                                                                                  | 3.2 NAME                           |                                                   |
| STREET ADDRESS |                                                                                  | 3.3 STREET ADDRESS                 |                                                   |
| CITY-ST-ZIP    |                                                                                  | 3.4 CITY-ST-ZIP                    |                                                   |
| THLE           | ☐ 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-ST-ZIP    |                                                                                  | 5.4 CITY-ST-ZIP                    |                                                   |
| TITLE          | DELETE                                                                           | 6.1 TITLE                          | Change Addition                                   |
| NAME           |                                                                                  | 6.2 NAME                           |                                                   |
| STREET ADDRESS |                                                                                  | 6.3 STREET ADDRESS                 |                                                   |
| ATTU CT 710    |                                                                                  | CACITY OT 7ID                      |                                                   |

14. Thereby 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 suppliemental 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 receivor 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.

SIGNATURE:

**FILED** 

Feb 24 1998 8:00am

Secretary of State

Applied For Not Applicable \$8.75 Additional

Zip Code

1/14/98 801-477-6422