

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F95000003573

1. Corporation Name

NESAK INTERNATIONAL, INC.

Principal Place of Business

21000 BOCA RIO ROAD, SUITE A-15
BOCA RATON FL 33433

Mailing Address

21000 BOCA RIO ROAD, SUITE A-15
BOCA RATON FL 33433

FILED
Feb 19, 1999 8:00am
Secretary of State

02-19-1999 90047 031 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1995

4. FEI Number

22-2971996

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 14000 military Trail

Suite, Apt. #, etc.

22 208A

City & State

23 Delray Beach, FL

Zip

24 33484

Country

25 USA

2a. Mailing Address

26 14000 military Trail

Suite, Apt. #, etc.

27 208A

City & State

28 Delray Beach, FL

Zip

29 33484

Country

30 USA

9. Name and Address of Current Registered Agent

KASEN, MARTIN

21000 BOCA RIO ROAD #A-15

BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

Kasen, Martin

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

14000 military Trail, 208A

83

84 City

Delray Beach

FL

85 Zip Code

33484

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 PD
NAME KASEN, MARTIN
STREET ADDRESS 21000 BOCA RIO RD A-15
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Kasen, Martin
1.3 STREET ADDRESS 14000 military Trail, 208A
1.4 CITY-ST-ZIP Delray Beach, FL 33484

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

M. Kasen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99
Date

561-638-9852
Daytime Phone #

CR2E034 (11/98)