Mar 11, 1999 8:00 am Secretary of State

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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 # M22797

1. Corporation Name

NES INVESTMENTS, INC.

| Principal Place of Business Mailing Address | | | | | | | | | I fillinkin isa tidan isani tahun i | # | | 811 BEB11 1881 |
|---|--|---------------------|---------------------|------------|------------------------------------|---------|---------------------------|---|--|----------------|------------------|----------------------|
| C/O BARRY BARAK | | C/O BARRY BARAK | | | | | | | | | • | |
| 2223 PEMBROK | E ROAD | 2223 PEMBROKE ROAD | | | | | DO NOT WOLTE IN THE CRACE | | | | | |
| HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 | | | | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | | |
| | | | | | | | | 3. | 10/31/1985 | | | |
| 2 Principal P | ace of Business | 2a, Mailing Address | | | | | | 4. | FEI Number | | Apr | lied For |
| 24 | acc of Busiliess | | 26 | | | | | " | 59-2599282 | | <u> </u> | Applicable |
| Suite, Apt. #, etc. | | - | Suite, Apt. #, etc. | | | | | | | | \$8.75 A | dditional |
| 22 | | 27 | 27 | | | | | 5. | Certifcate of Status Desired | | Fee Rec | quired |
| City & State | e | Cit | City & State | | | | | 6. | Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | 28 | | | | | | Trust Fund Contribution | | Added to | Fees |
| Zip | Country | Ziç | Zip Cou | | | untry 8 | | | This corporation owes the cur | rent year Inta | | |
| 24 | 25 | 29 | 30 | | | | | | Personal Property Tax. | | | □No |
| | 9. Name and Address of Curre | nt Registere | d Agent | | 04 | NI | | 10. | Name and Address of New | Registered A | Agent | |
| RAD | AK, BARRY | | | | 81 | Nan | ne | | | | | |
| | PEMBROKE ROAD | | | | | Stre | et Addre | ldress (P.O. Box Number is Not Acceptable) | | | | |
| | LYWOOD 33020 | | | | - | | | | | ~ | | |
| IIOL | E111000 30020 | | | | 83 | | | | | | | |
| | | | | | 84 | City | | | | FL | 85 Zip C | ode |
| office or r | to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obligi | of Florida. S | Such change was a | authorized | by | the co | ed corpo orporation | ration n's bo | n submits this statement for the pard of directors. I hereby acce | purpose of | changing its reg | egistered istered |
| SIGNATURE | | | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NO | | | | | Registered Agent signature require | | | | | DATE | D DIDECTO | 20 11 40 |
| 12. | OFFICERS A | ND DIRECT | DRS DELETE | 13. | n r | | | | ADDITIONS/CHANGES TO O | FFICERS AN | ☐ Change | Addition |
| TITLE | D BADAK BADOV | | | | | | | | | | | |
| NAME | BARAK, BARRY | | | 1.2 NA | | | | | | | | |
| STREET ADDRESS | 2223 PEMBROKE ROAD HOLLYWOOD FL | | | 1 | | ADDRE | :55 | | | | | |
| CITY-ST-ZIP | DST | | ☐ DELETE | | 1.4 CITY-ST-ZIP 2.1 TITLE | | | | | | Change | Addition |
| TITLE | BARAK, HELEN | | O DELETE | 2.2 NAME | | | | | | | | |
| NAME | 2223 PEMBROKE ROAD | | | | 2.3 STREET A | | ee | | | | | |
| STREET ADDRESS | HOLLYWOOD FL | | | 2.4 CI | | | .55 | | | | | |
| CITY-ST-ZIP TITLE | HOLETWOODTE | | ☐ DELETE | | 3.1 TITLE | | | | | | Change | Addition |
| NAME | | | | 3.2 NA | | | | | • | | | |
| STREET ADDRESS | | | | | | r ADDRE | ss | | | | , | 1 |
| CITY-ST-ZIP | | | | 3.4. CI | | | | | | | | |
| TITLE | | | □ DELETE | 4.1 111 | | | | | | - | Change | ☐ Addition |
| NAME | | | | 4. 2 N | AME | | | | | | | |
| STREET ADDRESS | | | | 4.3 ST | REET | ADDRE | ss | | • | | , | İ |
| CITY-ST-ZIP | | | | 4.4 CF | | | | | | | | |
| TITLE | | | ☐ DELETE | 5.1 Tf1 | | | | | | | Change | Addition |
| NAME | | | | 5.2 NA | ME | | | | | - | | |
| STREET ADDRESS | | | | 5.3 ST | REET | r addre | SS | | | | | |
| CITY-ST-ZIP | | | | 5.4 CI | TY-S | T-ZIP | | | | | | |
| TITLE | | | ☐ DELETE | 6.1 TF | ΠE | | | | | | ☐ Change | ☐ Addition |
| NAME | | | | 6.2 NA | ME | | | | | | | |
| STREET ANDRESS | | | | 6.3 ST | REE1 | T ADDRÉ | SS | | | | | j |

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP