## 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 # **P03840**

1. Corpora ion Name NEHOLD, INC.

Principal Place of Business

Mailing Address

124 EAST COLONIAL DR.

124 EAST COLONIAL DR.

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90021 015 \*\*\*150.00



ORLANDO FL. 32801		ORLANDO FL 32801				DO NOT WRITE IN THIS SPACE					
							Incorporated or Qualife	d			
2. Principa P	lace of Business	2a. Mailing Address					Number			App	ied For
21		26			13-	2655705			Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Cort	ifcate of Status Desired		•		dditional	
22		27			S. Cert	ilicate of Status Desired		F	ee Rec	uired	
City & S at	e	City & State			6. Elec	tion Campaign Financing	, ,	\$5	.00 h	∖tay Be	
23		28				Trus	t Fund Contribution		Ac	ded to	Fees
Zip	Country	Zip	Count	try		8. This	corporation owes the cu	rrent year Int			·
24	25	29	30				sonal Property Tax.		☐ Ye	s (	. <b>2</b> 4¶o
	9. Name and Add ess of Current	Registered Agent				10. Nan	ne and Address of New	Registered	Agent_		
	700 U. U. FOOUDE		8	31	Name						
	TOR, HAL H.,ESQUIRE		<u> </u>	32	Street Ad	dress (P.O. F	Box Number is Not Accep	otable)			
	N. EOLA DRIVE		`		01.001710	4,000 (, ,0, 2		,			
OFIL	ANDO FL 32802		8	33							
			Ļ		O:t-				05	Zip C	
			l <sup>a</sup>	34	City			FL	85	Zip O	
office cr t	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida, Such change was a	authorized b	ov th	named cor ne corpora	rporation sub tion's board o	mits this statement for th of cirectors. I hereby acc	ie purpose of ept the appoi	changi intment	ng its r as reg	egistered istered
SIGNATURE	Signature, typed or printed na ne of registered agent	and title if applicable. (NOT	: Registered A	gent s	signature requ	red when reinstati		DATE			
12.	OFFICERS AND		13.			ADDI	TICINS/CHANGES TO C	FFICERS / A			
TITLE	C	☐ DELETE	1.1 TITLE	Ε	1				□ Ch	ange	Addition
NAME	MAYER, RINA		. 1.2 NAM	E							
STREET ADDRE 3S	21 RUE MONT BLANC		1.3 STRE	EETA	DDRESS		•				
CITY-ST-ZIP	1201 GENEVA SW		1.4 CITY	'-ST-2	ZIP						
TITLE	D	☐ DELETE	2.1 TITU	E					Ch	ange	Addition
NAME	LEITERSDORF, JONATHAN		2.2 NAM	E							ļ
STREET ADDRESS	80 FIFTH AVE - 18TH FL		2.3 STR	EET A	DDRESS						
CITY-ST-ZIP	NEW YORK NY		2 4 CITY	Y-ST-	-ZIP						
TITLE	D	DELETE	31 TITL			-			Cr	ange	☐ Addition
NAME	AVNAT. JOSEPH		3.2 NAM	1E	[						
STREET ADDRESS	21 RUE DU MONT BLANC				ADDRESS		_				
CITY-ST-ZIP	1201 GENEVA SW		3.4. CITY				•				
TITLE	DVST	☐ DELETE	4.1 TITLE		-				Ct	ange	☐ Addition
NAME	ELGAR, SHNEUR		4. 2 NAN								
STREET ADDRE IS	124 E. COLONIAL DRIVE				DDRESS						
CITY-ST-ZIP	ORLANDO FL		4.4 CITY								
TITLE		DELETE	5.1 TITLI						□ Ch	ange	Addition
NAME			5.2 NAM								
STREET ADDRESS			5.3 STR	EETA	ADDRESS						
			5.4 CITY		1						
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLI						☐ Cr	ange	Addition
		January	6.2 NAM	1E					_	-	
NAME			4		ADDRESS						
STREET ADDRE 3S			6.4 CITY								
CITY-ST-ZIP			D.4 CHY	-51-	ZIF						

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 recuired 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: