Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90124 012 ***150.00

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 # P9500060709

1. Corporation Name

NEAR EAST MARKETING & SALES CORP.

Principal Place	Mailing Address	s								
4300 S. US HWY 1 4300 S. US HWY 1										
203-236		. 203-236				DO NOT WRITE IN THIS SPACE				
JUPITER FL 334	JUPITER FL 33477				3. Date Incorporated or Qualifed					
						08/07/1995				
						4. FEI Number		$\neg \top$	Applied For	
	ace of Business	2a. Mailing Address			•					
21		26				65-0615611			Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired			Required	
22	<u></u>	27 .			·					
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23		Zip Country				Trust Fund Contribution			d to rees	
Zip				, , ,						
24	25 29 30					Personal Property Tax.				
	9. Name and Address of Curren	t Registered Agent		04	Nama	10. Name and Address of New Regist	reced Ag	leur		
DCM	EDETTO JOHN			81	Name				İ	
	EDETTO, JOHN		ŀ	82	Street Addre	ss (P.O. Box Number is Not Acceptable)				
	SEA OATS DRIVE									
JUNC	D BEACH FL 33408		ſ	83						
			1	84	City		T	85 Zi	p Code	
			- 1	04	City		FL	00 2.	5 0000	
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was aut	thorized	by t	tne corporatior	ration submits this statement for the purpon's board of directors. I hereby accept the	appointn	nent as	registered .	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	Registered .	Agent	t signature required	when reinstating)	ATE			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND	DIREC	TORS IN 12	
TITLE	P	☐ DELETE	1.1 TITL			***	[☐ Chang	e 🗀 Addition	
NAME	BENEDETTO, JOHN		1.2 NA	ME	1				,	
STREET ADDRESS	406F SEA OATS DRIVE		1.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP	JUNO BEACH FL 33408		1.4 CF		-7IP					
TITLE	ST ST	☐ DELETE	2.1 TIT			-		Chang	e 🗌 Addition	
NAME			2.2 NA		ĺ					
I	BENEDETTO, PATRICIA		2.3 STREET ADDRESS		ADDECC					
STREET ADDRESS	406F SEA OATS DRIVE		l l				_			
CITY-ST-ZIP	JUNO BEACH FL 33408			2.4 CITY-ST-ZIP 3.1 TITLE		-	 -	Chang	ie Addition	
TITLE		C) DELETE					ı	s	,	
NAME			3.2 NA							
STREET ADORESS					ADDRESS					
CITY-ST-ZIP			3.4. CITY		r-zip			Char	ze Addition	
TTLE .		□ DELETE	4.1 TITLE				,	Chang	le Nonmou	
NAME .			4. 2 N	ME		,				
STREET ADDRESS	_	•	4.3 ST	REET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-		i-zip					
TITLE		☐ DELETE ·	5.1 TITLE				ļ	Chanç	ge 🗌 Addition	
NAME			5.2 NA	ME	1	•				
STREET ADDRESS			5.3 ST	REET	ADDRESS					
CITY-ST-ZIP			5.4 CIT	Y-S7	r-zip					
TITLE	DELETE 6:		6.1 TIT				ſ	Chang	ge	
NAME			6.2 NA	ME	ì					
OTDOOT	•	•			ADDRESS					

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