PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000031778

1. Corporation Name

NESTER AND ASSOCIATES, INC.

Principal Place	of Business	Mailing Address			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2500 WOODSIDE DRIVE FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312		2		DO NOT WRITE IN THIS S	PACE		
					3. Date Incorporated or Qualifed 04/07/1997		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Α	Applied For
21		26			65-0740170		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	,	Additional Required
City & State	8	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country 25	Zip 3	Countr	у	This corporation owes the current year Intal Personal Property Tax.	ngible Yes) 2 400
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered A	gent	
NESTER, RICHARD 2500 WOODSIDE DRIVE FORT LAUDERDALE FL 33312			81	2 Street A	Address (P.O. Box Number is Not Acceptable)		
			84		. F L	85 Zip	o Code
agent. I a	m familiar with, and accept the obligation of th				equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
TITLE			1.1 TITLE			Change	
NAME	NESTER, RICHARD		1.2 NAME	.			
STREET ADDRESS	2500 WOODSIDE DRIVE		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33312		1.4 C/TY-	ST-ZIP			
TITLE			2.1 TITLE		•	Change	e
NAME			2.2 NAME	: }			}
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	and we start the		2. 4 CITY-	-ST-ZIP			
TITLE	☐ DELETE 3.1 TI		3.1 TITLE			☐ Change	e 🗌 Addition
NAME			3.2 NAME	:			1
STREET ADDRESS			3.3 STREE	ET ADDRESS			İ
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		OELETE	4.1 TITLE	}		Change	e 🔲 Addition
NAME			4. 2 NAME	:			:
STREET ADDRESS	, ·		4.3 STREE	ET ADORESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	e
NAME			5.2 NAME		· · · · · ·		
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-			[7] Oh	
TITLE		☐ DELETE	6.1 TITLE			Change	e

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 attachatent with an address, with all other like empowered.

GUIRED

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRÉSS CITY-ST-ZIP (**/-) A DE GENERAL CO

NAME

JRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #