

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90046 026 ***150.00

DOCUMENT # P98000080500

1. Corporation Name

NESA INVESTMENTS, INC.

Principal Place of Business

4100 W. KENNEDY BLVD., STE. 210
TAMPA FL 33609

Mailing Address

4100 W. KENNEDY BLVD., STE. 210
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1998

4. FEI Number

59-3533650

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 111 S. Moody Ave.
Suite, Apt. #, etc.

2a. Mailing Address

26 111 S. Moody Ave.
Suite, Apt. #, etc.

23 City & State

TPA FL

27 City & State

TPA FL

24 Zip

33603

25 Country

US

29 Zip

33603

30 Country

US

9. Name and Address of Current Registered Agent

MARKS, PAUL T
4100 W. KENNEDY BLVD., STE. 210
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

82 Street Address

83

84 City

85 Zip

Denise Caltagirone

111 S. Moody Ave

TPA FL

33603

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 of 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

Denise Caltagirone

1-22-99

(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 DPST
NAME CALTAGIRONE, DENISE F
STREET ADDRESS 111 SO. MOODY AVE.
CITY-ST-ZIP TAMPA FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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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:

Denise Caltagirone

1-22-99

813.238-9707

(Signature typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (11/98)

0386264