FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MEN 1 # K78835 NG'S, INC.	5 (1)			
Principal Place	of Business	Mailing Address		-	ill biblik biblik birati birati birati birati
130 NW 6TH ST GAINESVILLE FL 32601		130 NW 6TH 8T Gainesville FL 32801-5139			
US		US		3. Date Incorporated or Qualified	3a. Date of Last Report
2 Principal Pl	ace of Business	2a. Mailing Address		04/10/1989 4. FEI Number	05/01/1996 Applied For
21	COST OF ELGISTICIOS	26		59-2943475	Not Applicable
Suite Apt.	#. etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27			Fee Required
City & State)	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution 8. This corporation has liability for	
24	25		30		Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New R	egistered Agent
	y Petoski		81 Name		
2033 NE 9TH TERRACE			82 Street Addr	ess (P.O. Box Number is Not Accepta	ble)
GAI	NESVILLE FL 32609		83		
			84 City		FL 85 Zip Code
office or n agent. Lai SIGNATURE	egistured agent, or both, in the State in familiar with, and accept the obliga Standard, type der productivitier of regions a say		uthorized by the corporal rida Statutes. Registered Agent signature requi		DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME DEMANDED	LONG, WILLIAM R. 2033 N.E. 9TH TERR		1.2 NAME		
STREET ADDRESS OTY-S1-ZIP	GAINESVILLE FL		1.3 STREET ADDRESS 1.4 City-St-Zip		
TILLE	S	DELETE	2.1 TITLE		Change Addition
NAVE	JUDY PETOSKI		2.2 NAME		
STREET ADDRESS	2033 NE 9TH TERRACE		2.3 STREET ADDRESS		
CDTY - ST - 70°	GAINESVILLE FL		2. 4 CITY~ST~2#P		
THUE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHTY-ST ZIP		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ACIDRESS			4.3 STREET ADORESS		
Ø(TY-ST-7-P			4.4 CITY-ST-ZIP		
1:TLf		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CHY-\$1-749		DELETE	5.4 City-St-ZiP		Change Addition
THEE NAME		ר⊒ מנונוג	61 TITLE 62 NAME		Fi Auguste Fi Vocation
STREET ADDRESS			63 STREET ADDRESS		
CHY-ST ZIP			6 4 CITY-ST-ZIP		
14. I do herel	by certify that the information supplie	d with this filing does not qualif	y for the exemption state	d in Section 119.07(3)(i), Florida Statut	es. I further certify that the
Lam an o	in indicated on this annual report or s flicer or director of the corporation of in Block 12 or Block 13 if changed	r the receiver or trustee empow	ered to execute this repo	t my signature shall have the same leg rt as required by Chapter 607, Florida	jai effect as it made under oath; that Statutes; and that my name

SIGNATURE:

FILED

Mar 03 1997 8:00am

Secretary of State