

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

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Mar 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03649
1. Corporation Name
NGMC FINANCE CORPORATION, IV

(4)



Principal Place of Business
700 NW 107TH AVENUE
MIAMI FL 33172

Mailing Address
700 NW 107TH AVENUE
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/07/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2433347	
24 Country		29 Country		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
WATSKY, MORRIS J. ESQUIRE				<input type="checkbox"/> \$8.75 Additional Fee Required	
700 NW 107TH AVE.				6. Election Campaign Financing	
MIAMI FL 33172				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent					
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 Zip Code	
				FL	

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 or 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	CD	1.1 TITLE	P
NAME	MILLER, LEONARD	1.2 NAME	PeKor, Allan J.
STREET ADDRESS	700 NW 107TH AVE.	1.3 STREET ADDRESS	700 N.W. 107 Ave.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	miami, FL 33172
TITLE	DP	2.1 TITLE	AS
NAME	SAIONTZ, STEVEN J	2.2 NAME	Watsky, Morris J.
STREET ADDRESS	700 NW 107TH AVE.	2.3 STREET ADDRESS	700 N.W. 107 Ave.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	miami, FL 33172
TITLE	VT	3.1 TITLE	
NAME	MUNOZ, JANICE	3.2 NAME	
STREET ADDRESS	700 NW 107TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	MODIST, DEBRA	4.2 NAME	
STREET ADDRESS	700 NW 107TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	KAMINSKY, NANCY	5.2 NAME	
STREET ADDRESS	700 NW 107TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	VS	6.1 TITLE	D, V
NAME	REED, LINDA	6.2 NAME	Reed, Linda
STREET ADDRESS	700 NW 107TH AVE.	6.3 STREET ADDRESS	700 N.W. 107 Ave.
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	miami, FL 33172

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.

SIGNATURE: _____

Debra Modist 1/9/98 229-6400

CR2E034 (10/97)