

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

FILED

Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L10806

(2)

1. Corporation Name

~~NATIONAL MANUFACTURING GROUP, INC.~~ NMG, Inc.



Principal Place of Business

6800 BENJAMIN RD. (TAMPA, FL 33634)
P. O. BOX 260729
TAMPA FL 33685

Mailing Address

6800 BENJAMIN RD. (TAMPA, FL 33634)
P. O. BOX 260729
TAMPA FL 33685-0729

3. Date Incorporated or Qualified

08/23/1989

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2963730

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

GOLDBERG, JEFFREY L.
% NATIONAL MANUFACTURING GROUP, INC
6800 BENJAMIN RD
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name
CT CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
83
84 City PLANTATION FL 85 Zip Code 33324

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 607.1508, Florida Statutes.

SIGNATURE: *Jonathan F. Ciddings*
Signature (Typed or printed name of registered agent and file if applicable)

Jonathan F. Ciddings
Assistant Secretary

02/21/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GOLDBERG, JEFFREY L.	
STREET ADDRESS	6800 BENJAMIN RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, HAROLD	
STREET ADDRESS	15 POPLAR DRIVE	
CITY-ST-ZIP	ROSLYN NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	ROSLYN NY 11576
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MOROWITZ, INGRID
3.3 STREET ADDRESS	3 WHIPPORWILL RD
3.4 CITY-ST-ZIP	ARMONK NY 10504
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Ingrid Horowitz* INGRID HOROWITZ 02/24/97 718 4785900
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)