FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996		Secretary of State DIVISION OF CORPORATIONS						
DOCUM		L91245	(5)						
•		NG GROUP, INC.							
Principal Place of	f Business	Ma	ailing Address			r indfiller den interviele frate n	DO 3111 B1311 B1811 1		
2500 DIANA DRIVE. #210 HALLANDALE FL 33009			2500 DIANA DRIVE. #210 HALLANDALE FL 33009						
						3. Date Incorporated or Qualified	3a. Date of		
2. Principal Plac	e of Business	728	Mailing Address		·	07/31/1990 4. FEI Number	02/	14/19	195 Applied For
21	The state of balance to the state of the sta	26				65-0207943		1	Not Applicable
Suite, Apt. #,	etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State			City & State			6. Election Campaign Financing		•	May Be
23	Cou	ntry 28	Zip	Cour	ntry	Trust Fund Contribution 8. This corporation has liability for			199.032,
24	25	29 fress of Current Regis	torod Agert	30		Florida Statutes Yes	s 🔲 No		
	9. Name and Ad	ness of Current Hegis	resen Adeut		81 Name	- 1 1 1	negistered Age		
BRYN, U					82 Street Addr	ess (P.O. Box Number is Not Accepta	ble)		<u> </u>
2301 CC Suite M	DLLINS AVE				83 HA	1/2 Agra Dr	7 70	4/6	·
	EACH FL 33139				84 City	cianaaie fl	18	5 Zip	Code o
11 Dimmont to	the provisions & Cr	etione 607 0502 and 60	1 1508 Florida Statuto	c the abo	'	ration enhants this statement for the n	FL.	3	300 Y
or registered familiar with,	d agent, or both in and accept the ob	he State of Florida. Sychigations of, Section 697.	n change was authorize 0505, Florida Statu <u>te</u> s.	d by the c	orporation's boa	ration submits this statement for the purd of directors. I hereby accept the app	pointment as reg	istered	agent. I am
SIGNATURE	ر) بعزر	funt		0/6	enna	/-	//-/6	6	
12.	graffurer typed or pented na	me of registered agent and tale it. OFFICERS AND DIREC		13.	Agent signature require	ADDITIONS/CHANGES TO OF	DATE FICERS AND DIF	RECTO	RS IN 12
11'LE	D	OUT DON ALAM	☐ DELETE	1. 1 (1)hange	Addition
NAME STREET ADDRESS	2500 DIANA (, SHELDON ALAN DRIVE. #210		1.2 N/ 1.3 ST	REET ADDRESS				
CITY-ST-ZIP	HALLANDALE				TY-ST-ZIP				F-L LUC
TITLE NAMÉ			DELETE	2.1 TI 2 2 N/			П	Change	Addition Addition
STREET ACORESS					REET ADDRESS				
CHY-SI-ZIF			DELETE	2 4 CI	TY-ST-ZIP		——————————————————————————————————————	Change	Addition
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STREET ACCORESS					TREET ADDRESS				
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NAME			—	4 2 N/	AME				
STREET ADDRESS					REET ADDRESS				
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NAME				5 2 N					
STREET ADDRESS CITY-ST-ZIF					REET ADDRESS TY-ST-ZIP				
TILE			DELETE	6 1 1	ITLE			Change	Addition
NAME STREET ADDRESS				62 N	AME IREET ADDRESS				
City-ST-ZiP				64C	TY-\$T-ZIP				
14. I do hereby certify that t	the information indic	ated on this annual repo	r£or supplemental anno	Jai re non i	s true and accura	for the exemption stated in Section 11 ate and that my signature shall have the	ie same legal effe	ect as i	f made under
oath; that I	am an officer or dire	actor of the corporation of 3 if changed, or on an at	ir the receiver or truster	e pr ripowe	red to execute th	is report as required by Chapter 607,	Florida Statutes;	and th	at my name
SIGNATI	الRF: د	$A \cdot A$	hut			- 1-19-9	6		
JUNE	SIGNA	TURE AND TYPED OR PRINTE	NAME OF SIGNING OFFICE	R OR DIREC	TOR	Date		ne Phone	