

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 24 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M64934 (6)

1. Corporation Name

ANOTHER GENERATION ENTERPRISES AT NORTH CORP CENT  
ER, INC.

Principal Place of Business

3932 RCA BLVD., SUITE 3201  
PALM BEACH GARDENS FL 33410

Mailing Address

3932 RCA BLVD., SUITE 3201  
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/15/1988

3a. Date of Last Report

04/18/1994

4. FEI Number

65-0025105

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

7. This corporation has liability for intangible tax under S. 189.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 County

28 Zip

29 County

25

27

28

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FINEBERG, LIBO B.  
3500 GATEWAY DR STE 201  
POMPANO BEACH FL 33069

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and the 4 applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                         |
|-----------------|-------------------------|
| TITLE           | VTD                     |
| NAME            | GOLDMAN, RICHARD M.     |
| STREET ADDRESS  | 580 N.W. 75TH AVE.      |
| CITY - ST - ZIP | PLANTATION FL           |
| TITLE           | PD                      |
| NAME            | GOLDMAN, RENEE K.       |
| STREET ADDRESS  | 580 N.W. 75TH AVE.      |
| CITY - ST - ZIP | PLANTATION FL           |
| TITLE           | VSD                     |
| NAME            | FINEBERG, LIBO B. (ASST |
| STREET ADDRESS  | 3500 GATEWAY DR STE 201 |
| CITY - ST - ZIP | POMPANO BEACH FL        |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  | 499 NW 70th Avenue Suite 106                                                 |
| 1.4 CITY - ST - ZIP | Plantation, FL 33317                                                         |
| 2.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | RDAS                                                                         |
| 2.3 STREET ADDRESS  | 499 NW 70th Avenue Suite 106                                                 |
| 2.4 CITY - ST - ZIP | Plantation, FL 33317                                                         |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                                                              |
| 3.3 STREET ADDRESS  |                                                                              |
| 3.4 CITY - ST - ZIP |                                                                              |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Renee K. Goldman, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Renee K. Goldman, President

4-7-95 (305) 791-0453

Date

Signature #