FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(3)

FILED Feb 04 1998 8:00am Secretary of State

NGS, INC.										
Principal Place of Business % GUNTHER GLASER 199 OAKWOOD DR		Mailing Address				- 1 1881/1101 016 08/60 8/76/ 01/6/ 60/6/ 100	A BIBUI AFBI	71 3 11 6 1811 1	1101f 01011 1001	
	% GUNTHER GLASER 199 OAKWOOD DR				3. Date Incorporated or Qualified					
NAPLES FL 33942 NAPLES FL 33942						12/11/1984				
US		US				4. FEI Number			pplied For	
2. Principal P	lace of Business	2a. Mailing Address			-	59-2607715			ot Applicable	
21		26				5. Certificate of Status Desired		•	Additional equired	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing		\$5.00		
City & State			City & State					Added t		
23		28				7. Is this nonprofit corporation a homeowners association? Yes No				
Zip	Country Zip			ıntry		8. This corporation owes or has paid the current year Intangible				
24		30			Personal Property Tax due June 30. Yes No					
	9. Name and Address of Curr	ent Registered Agent		~ 1		10. Name and Address of New Regi	stered Ag	ent		
01.40				81	Name					
GLASER, GUNTHER 199 OAKWOOD DR				82	Street Addres	ss (P.O. Box Number is Not Acceptable	:)			
	5 FL 33942			83			•••			
IVALUE	1 6 33342								*	
			i	84	City				Code	
11. Pursuant office or re	to the provisions of Sections 617.05 egistered agent, or both, in the Sta	502 and 617.1508, Florida Statute te of Florida. Such change was at	s, the al	oove d by	-named corpo the corporatio	ration submits this statement for the pur n's board of directors. I hereby accept	pose of cl	nanging i	ts registered registered	
SIGNATURE	m radilliar with, and accept the opi	gations of, section 6,17,0503, Flor	ida Stat	utes	.					
SIGNATURE,	Signature, typed or printed name of registered a		Registered	d Age	nt signature required	when reinstating)	DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE				
TITLE	PD VPCOULVAN	☐ DELETE	1.1 TD		-		L	Change	Addition	
NAME	KRECH, KARL		1,2 NA	-	1					
STREET ADDRESS	25637 RED BLUSH CIR				ADDRESS					
CITY-ST-ZIP TITLE	BONITA SPRINGS FL VD	☐ DELETE	1,4 CI 2,1 TII	_	r-zip			Change	Addition	
NAME.	BECHOLD, ELFRIEDA		2.1 III		1) Change		
STREET ADORESS	64 4TH ST SW		1		ADDRESS					
CITY-ST-ZIP	BONITA SPRINGS FL		2.4 CI							
TITLE	TD	DELETE	3.1 111		1-21		·	Change	Addition	
NAME	GLASER, GUNTHER		3.2 NA					,		
STREET ADDRESS	199 OAKWOOD DR		3.3 ST	REET	ADDRESS					
CITY-ST-ZIP	NAPLES FL		3.4. CI		ì					
TITLE	SD	DELETE	4.1 TIT					Change	Addition	
NAME	LINGNER, LORRAINE		4, 2 N	AME	1				ļ	
STREET ADDRESS	9300 BARON RD		4.3 ST	REET /	ADORESS				1	
CITY-ST-ZIP	BONITA SPRINGS FL		4.4 CIT	ry-st	- 21P					
TITLE		DELETE	5.1 TIT	Œ				Change	Addition	
NAME			5.2 NA	ME					1	
STREET ADDRESS			5.3 ST	REET /	ADDRESS				ĺ	
CITY-ST-ZIP			5.4 Ct1	Y-ST	- ZIP					
TITLE		☐ DELETE	6.1 TIT	LE				Change	Addition	
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 STI	REET A	ODRESS				1	
CITY-ST-ZIP	and the black that the formation and the second	.date at the Bittle of the second	6.4 CIT							
*** THEREDY C	CHANGED THE INCIDENTATION SUDDIVIDED I	with this many goes hot quality for	THE EXE	(HDC	ou stated in Se	ection 119.07(3)(i), Florida Statutes, I fur	uier certifi	inat the	information	

and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

SIGNATURE: