## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N9600005600

N.C.O.G.S., INC.

## **FILED** Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90004 047 \*\*\*\*61.25

Principal Plac	Mailing Address	dress					
977 N.W. 17 AVE. FT. LAUDERDALE FL 33311		977 N.W. 17 AVE. FT. LAUDERDALE FL 33311					
Principal Place of Business     2a. Mailing Address					Date Incorporated or Qualifed		
21		26			11/01/1996		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Ap	plied For
22		27			65-0705522	No	t Applicable
City & Stat	16	City & State		5. Certifcate of Status Desired	\$8.75		
23		28			Fee Re	quired	
Zip			Country		6. Election Campaign Financing	\$5.00	
24	25 25 Comment	29 30	<u> </u>		Trust Fund Contribution  10. Name and Address of New Regist	Added t	o Fees
	9. Name and Address of Current	Kegistered Agent	81	Name	10. Haine and Address of New Regis	ered Agent	
FEROLOGIC MINIOCOR							
	IN, WINDSOR		82	Street	Address (P.O. Box Number is Not Acceptable)		İ
977 NW 1			83	-			
FT LAUDERDALE FL 33311						·····	
•			84	City		FL 85 Zip C	Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE							
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	PD	☐ DELETE	1.1 TITLE	İ		☐ Change	☐ Addition
NAME	FERGUSON, WINDSOR SR		1.2 NAME	i		•	
STREET ADDRESS	1471 NW 33 WAY			r address			1
CITY-ST-ZIP	FT LAUDERDALE FL 33311	☐ DELETÉ	1.4 CITY-S	T-ZIP	• • • • • • • • • • • • • • • • • • • •	☐ Change	Addition
TITLE	SD Coleman, Willie		2.1 TITLE			Citatige	
NAME	7230 NW 21 ST		2.2 NAME				
STREET ADDRESS	FT LAUDERDALE FL 33311		2.3 STREE				
CITY-ST-ZIP	TD	☐ DELETE	2.4 CITY-S 3.1 TITLE	31-ZIP		☐ Change	Addition
NAME	SCIPIO, JESSIE		3.2 NAME				
STREET ADDRESS	9813 N GRAND DUKE CIR		3.3 STREE	ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33311		3.4. CITY- S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				,
STREET ADDRESS	ļ.·	i .	4.3 STREE	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition \
NAME			5.2 NAME				
STREET ADDRESS	*		5.3 STREET				
CITY-ST-ZIP	77. 144.	□ neletr	5.4 CITY-S' 6.1 TITLE	I-ZIP		Charte	- Addition
TITLE		☐ DELETE	6.1 MAME			☐ Change	Addition }
NAME.			6.3 STREET	. VUUDEec			
STREET ADDRESS	- - *		SACTV C	- 1			

4. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered