

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000026822 (5)

1. Corporation Name
NEXT GENERATION INVESTMENTS, INC.



Principal Place of Business
P.O. BOX 26323 TAMARAC FL 33320

Mailing Address
P.O. BOX 26323 TAMARAC FL 33320

2. Principal Place of Business
21 State, Apt. #, etc.
22 City, & State
23 Zip
24 Country

2a. Mailing Address
26 State, Apt. #, etc.
27 City, & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**MORRIS & WEISS
2000 GLADES ROAD, SUITE 412
BOCA RATON FL 33431**

3. Date Incorporated or Qualified **04/09/1993**

3a. Date of Last Report **01/13/1995**

4. FEI Number **65-0032312**

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.09(2) 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 duties of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature Agent Representative of the Corporation _____
DATE _____
Signature of Registered Agent Representative of the Corporation _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		2.1 NAME	
3. STREET ADDRESS		3.1 STREET ADDRESS	
4. CITY-STATE-ZIP		4.1 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6.1 NAME	
7. STREET ADDRESS		7.1 STREET ADDRESS	
8. CITY-STATE-ZIP		8.1 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	<input type="checkbox"/> DELETE	9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10.1 NAME	
11. STREET ADDRESS		11.1 STREET ADDRESS	
12. CITY-STATE-ZIP		12.1 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14.1 NAME	
15. STREET ADDRESS		15.1 STREET ADDRESS	
16. CITY-STATE-ZIP		16.1 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	<input type="checkbox"/> DELETE	17.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18.1 NAME	
19. STREET ADDRESS		19.1 STREET ADDRESS	
20. CITY-STATE-ZIP		20.1 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 applicable, or on an attachment with an address.

SIGNATURE: **Jay Eisenberg** **1/15/96** **954-720-5558**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)