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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

DIVISION OF CORPORATIONS

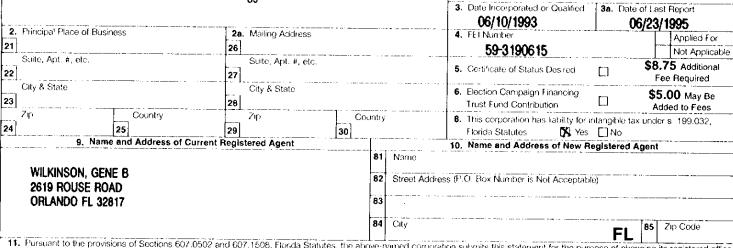
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| N.G.U. EN | TERPRISES, | INC. |
|-----------|------------|------|
|-----------|------------|------|

Principal Place of Business 2619 ROUSE ROAD ORLANDO FL 32817

Mailing Address

P. O. BOX 678419 ORLANDO FL 32867 US



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 hoard of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

| SIGNATURE . | _ | · · · · · · · · · · · · · · · · · · · | | | |
|-----------------|---|---------------------------------------|--|---|--|
| 12. | OFFICERS AND DIRECTORS | | TE: Bagistered Ayer Esquature require 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D | DELETE | 1.1301.6 | Change Addition | |
| NAME | WILKINSON, GENE B | | 1.2 NAME | C o to age C Nation | |
| STREET ADDRESS | 2619 ROUSE ROAD | | 1.3 STREET ADDRESS | | |
| CHY ST ZIP | ORLANDO FL 32817 | | 1.4 CHY - ST - 7(P) | | |
| THLE | D | DELETE | 2 1 TITLE | ☐ Change ☐ Addition | |
| NAME | Wilkinson, Kevin M | | 2.2 NAME | | |
| STREET ADORESS | 2619 ROUSE ROAD | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL 32817 | | 2.4 City+\$1+ZiF | | |
| TITLE | | DELETE | 3 1111.8 | Change [] Addition | |
| NAM: | | | 3.2 NAME | _ · · · <u>-</u> | |
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| NAME | | | 6.2 NAME | _ | |
| STREET ADDRESS | | | 6.3 STHEET ADDRESS | | |
| CITY ST-ZIP | actif, that the information and all its | | 6 4 CITY - ST - 7.P | | |

4. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

GENE BRIAN WILKINSIN

04/02/96

407-380-3500