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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State

DIVISION OF CORPORATIONS

P93000051043 (6) DOCUMENT #
1. Corporation Name

N E G CORPORATION

NEGU	OHPORATION								
Principal Place of Business Mailing Address 4136 QUAIL BRIAR DR VALRICO FL 33594 4136 QUAIL BRIAR DR VALRICO FL 33594						4 122 112 21 112 1213 1111 2 2 2 1 1 1 1			
						3. Date Incorporated or Qualified 07/15/1993		of Last Re /01/199	
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number			pplied For
1		[26]	L _ 1			59-3194648			lot Applicable
Suite, Apt. #,	, etc.	Suite, Apl. #, etc.				5. Certificate of Status Desired			Additional tequired
2		City & State				6. Election Campaign Financing			May Be
City & State		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Co	untry		8. This corporation has liability for		x under s	199.032,
<u>.</u>	25	29	30				s No		
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New	Registered /	Agent	
				1 18	Name				
GOODE, \			82 Stree		Street Addre	ess (P.O. Box Number is Not Accepta	ible)		
4136 QUAIL BRIAR DR									
VALRICO	FL 33594		83						
				84	City		FL	85 Zig	Code
familiar with	n, and accept the obligations of, Se	CUCH COUNTY COCO. TUCHOR Statutes	•			ation submits this statement for the p d of directors. I hereby accept the ap		registered	agent. I am
familiar with	n, and accept the obligations of, Se	contact total laggificable (NO DIFFECTORS	TE Register	ed Agent si		ation submits this statement for the p d of directors. I hereby accept the ap when renstating? ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	RS IN 12
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6.3 STREET ADDRESS

6.4 CITY - ST - ZIF

SIGNATURE:

STREET ADDRESS

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING PFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this filling 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 of on an attachment with an address.