## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # Corporation Name

Principal Place of Business

P94000031629 (6)

NGE CORPORATION

Mailing Address

3939 Wamiami Wrail North

3838 Tamiami Trail North

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90237 042 \*\*\*150.00



Suite	300	Suite 300	dir nor cir	DO NOT WRITE IN THIS SPACE		
	s, Florida 34103 Naples, Florida		34103	3. Date Incorporated or Qualified		
Mapres	1 1 1011 da 34103					
		D- Mailing Address		04/21/94 4. FEI Number   Applied For		
2. Principal PI	ace of Business	2a. Mailing Address	* • •	Not Applicable		
1		26		65-0487028   Not Applicable   \$8.75 Additional		
Suite, Apt. i	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required		
2		27				
City & State		City & State	المتحديث المحافي والأ	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
3		28	Out-to-			
Zíp	Country	Zip	Country *	8. This corporation owes the current year intengible  Personal Property Tax  ☐ Yes ☑ No		
4	- 123	29 30	)]	Personal Property Tax. LJ Yes LNo  10. Name and Address of New Registered Agent		
	9. Name and Address of Current Re	egistered Agent	81 Name	to. Name and Address of New Registered Agent		
_ =			oi Name	and the second s		
	an, Kenneth D.		82 Street	Address (P.O. Box Number is Not Acceptable)		
	ramiami Trail North, S	te 300	. 38	338 Tamiami Trail North, Ste. 300		
Náples	Florida 34103		83	· 大大大學 - 西西人民共享 - 新教育 -		
			84 City	85 Zip Code		
منتخو پيروس م	The second secon			ples FL 34103		
11 Pursuant	to the provisions of Sections 607.0502 at	nd 607.1508, Florida Statutes,	the above-named	corporation submits this statement for the purpose of changing its registered		
office or r	edistered agent of both in the State of h	ionda. Such change was auth	lorized by the colpt	pration's board of directors. I hereby accept the appointment as registered		
agent. I a	m familiar with, and accept the obligation	s or, Section 607.0505, Florida	a Glatutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
IIILE norm	DPT OTTERNATE	DELETE	1.1 TITLE	Change Addition		
	on the property of the second	the programmers of the spirite	1.2 NAME	and the second of the second o		
NAME	Michalup, Gabriel		1.3 STREET ADORESS	2020 mawiawi mwail N Cto 200		
STREET ADDRESS	3838 Tamiami Trail N			3838 Tamiami Trail N. Ste 300		
CITY-ST-ZIP	Naples, Florida 341	03	1.4 CITY-ST-ZIP 2.1 TITLE	Naples, Florida 34103  ACChange □ Addition		
TITLE	S		* ` "			
NAME AND A SECOND	Michalup, Vanessa		2.2 NAME			
STREET ADDRESS			3838 Tamiamin Trail N. Ste 300 34 75 While			
CITY-ST-ZIP :	Naples, Florida 341		2.4 CITY-ST-ZIP	Naples, Florida 34103		
نة. حجيدة	AS	☐ DELETE	3.1 TITLE	Change Addition		
NAME	Goodman, Kenneth D.		3.2 NAME	The first of the second se		
STREET ADDRESS	3838 Tamiami Trail N	Ste 300	3.3 STREET ADORESS	3838 Tamiami Trail N. Ste 300		
CITY-ST-ZIP	Naples, Florida 341		3.4. CITY-ST-ZIP	Naples, Florida 34103		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition		
NAME			4.2 NAME			
STREET ADDRESS	mer to the second of the secon		4.3 STREET ADDRESS			
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NAME ALTONOMY	· 新年 · · · · · · · · · · · · · · · · · ·	manifest the state of	5.3 STREET ADDRESS	[2] 二世界 医黑色 计一致一个 医原生性 医二种		
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NAME			6.2 NAME	19 在 15 K · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	A 34 . A 4.	* ** *,	6.4 CITY-ST-ZIP			
44 I basabu	godify that the information supplied with t	his filling does not qualify for th	ne exemption states	d 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 607, 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.

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