

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY 23 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000034300 (1)

1. Corporation Name
NCL, INC.

Principal Place of Business
**1305 MURRAY AVENUE
CLEARWATER FL 34615**

Mailing Address
**1305 MURRAY AVENUE
CLEARWATER FL 34615**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/06/1994	3a. Date of Last Report N/A
21	26	4. FEI Number 59-3249158		Applied For Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LAWRENCE J. SPIEGEL, CHARTERED
343 ALMERIA AVE.
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81	Name	NANCY C. LOWERY
82	Street Address (P.O. Box Number is Not Acceptable)	1305 Murray Ave
83	City	Clearwater
84	State	FL
85	Zip Code	34615

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 Sections 607.0605 Florida Statutes.

SIGNATURE: *Nancy C. Lowery*
Name of Registered Agent (Print Name, Last, First, Middle Initial)
Signature of Registered Agent (Print Name, Last, First, Middle Initial)

Signature of New Registered Agent (Print Name, Last, First, Middle Initial)
5/6/95

12. OFFICERS AND DIRECTORS

1	NAME	LOWERY, NANCY C
1	STREET ADDRESS	1305 MURRAY AVENUE
1	CITY, ST, ZIP	CLEARWATER FL 34615
2	NAME	V.P. LOWERY, Norman C.
2	STREET ADDRESS	1305 Murray Ave
2	CITY, ST, ZIP	Clearwater, FL 34615
3	NAME	
3	STREET ADDRESS	
3	CITY, ST, ZIP	
4	NAME	
4	STREET ADDRESS	
4	CITY, ST, ZIP	
5	NAME	
5	STREET ADDRESS	
5	CITY, ST, ZIP	
6	NAME	
6	STREET ADDRESS	
6	CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1	NAME		
1	STREET ADDRESS		
1	CITY, ST, ZIP		
2	TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2	NAME	Lowery, Norman C.	
2	STREET ADDRESS	1305 Murray Ave	
2	CITY, ST, ZIP	Clearwater, FL 34615	
3	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3	NAME		
3	STREET ADDRESS		
3	CITY, ST, ZIP		
4	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4	NAME		
4	STREET ADDRESS		
4	CITY, ST, ZIP		
5	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5	NAME		
5	STREET ADDRESS		
5	CITY, ST, ZIP		
6	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME		
6	STREET ADDRESS		
6	CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4)(b) Florida Statutes. I further certify that the information included 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 of this report or on an attachment with an address.

SIGNATURE: *Nancy C. Lowery*
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NANCY C. LOWERY

5/6/95
813 4466154
Telephone Area #

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INCORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne R. Mumford
Secretary of State
Tallahassee, Florida 32304

**APPROVED
AND
FILED**
MAY 15 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000034910 (7)

TMG BUILDERS, INC.

Principal Office Address: **731 NW 84TH AVE, PEMBROKE PINES FL 33024**
Mailing Address: **731 NW 84TH AVE, PEMBROKE PINES FL 33024**

3. Date of Incorporation: **05/05/1984** 3a. Date of Last Report

2. Name of Corporation: **21 3265 BLACK GOLD TR** 26. Mailing Address: **26 SAME** 4. FFI Number: **65-0492538** Applied For: Not Applicable

22. City & State: **22** 27. State Apt. # etc: **27** 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. Tallahassee: **23 TALLAHASSEE** 28. City & State: **28 FL** 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. 32304 25. 32304 29. 30. 6. This corporation has liability for alternative tax under S. 199(1)(2) Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **SAPIENZA, MICHAEL, 731 NW 84TH AVE, PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent:

81. Name: **CAROL SAPIENZA**
82. Street Address: **3265 BLACK GOLD TR**
83. City: **TALLAHASSEE** 84. State: **FL** 85. Zip Code: **32308**

11. I, the undersigned, the president of Sections 607 (b)(2) and 607 (b)(3) Florida Statutes, the above named corporation, submit this statement for the purpose of changing its registered office to the above address 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 authorized to accept the obligations of Section 607 (b)(2) Florida Statutes.

SIGNATURE: **CAROL SAPIENZA** *Carol Sapienza*

12. OFFICERS AND DIRECTORS

NAME	D SAPIENZA, MICHAEL 731 NW 84TH AVE PEMBROKE PINES FL 33024	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CONTI, ANTHONY 48 SE 7 ST DANIA FL 33304	NAME: SAPIENZA MICHAEL STREET ADDRESS: 3265 BLACK GOLD TR CITY: TALLAHASSEE, FL. ZIP CODE: 32308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and I am not equally, for the corporation stated in law here. Florida Statutes Chapter 607, Sections 607.01 through 607.04, and the annual report or supplemental annual report of this corporation, and by this, signature shall have the same legal effect as if made under oath. I am not responsible for any delay in the preparation of this report or business information provided to the public. I am not responsible for any delay in the preparation of this report or business information provided to the public. I am not responsible for any delay in the preparation of this report or business information provided to the public.

SIGNATURE: **MICHAEL SAPIENZA** *Michael Sapienza* V.P. 55-95 404 506-5392