

**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<br><b>05/06/1994</b>   | 3a. Date of Last Report<br><b>N/A</b> |
| 21                             | 26 | 4. FEI Number<br><b>59-3249158</b>   |    | Applied For<br>Not Applicable  |                                       |
| 22                             | 27 | 5. Certificate of Status Desired <input type="checkbox"/>                          |    | <b>\$8.75 Additional Fee Required</b>  |                                       |
| 23                             | 28 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |    | <b>\$5.00 May Be Added to Fees</b>   |                                       |
| 24                             | 25 | 29   | 30 | 8. This corporation has liability for intangible tax under S. 199.012, 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   | <b>NANCY C. LOWERY</b> |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | <b>1305 Murray Ave</b> |
| 83 | City   | <b>Clearwater</b>      |
| 84 | State  | <b>FL</b>              |
| 85 | Zip Code   | <b>34615</b>           |

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* **5/6/95**

12. OFFICERS AND DIRECTORS

|   |                |                             |
|---|----------------|-----------------------------|
| 1 | NAME           | <b>LOWERY, NANCY C</b>      |
| 1 | STREET ADDRESS | <b>1305 MURRAY AVENUE</b>   |
| 1 | CITY, ST, ZIP  | <b>CLEARWATER FL 34615</b>  |
| 2 | TITLE          | <b>VP</b>                   |
| 2 | NAME           | <b>L. SWERY, Norman C.</b>  |
| 2 | STREET ADDRESS | <b>1305 Murray Ave</b>      |
| 2 | CITY, ST, ZIP  | <b>Clearwater, FL 34615</b> |
| 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          | <b>V.P.</b>                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2 | NAME           | <b>Lowery, Norman C.</b>    |  |
| 2 | STREET ADDRESS | <b>1305 Murray Ave</b>      |  |
| 2 | CITY, ST, ZIP  | <b>Clearwater, FL 34615</b> |  |
| 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 199.012(4)(b), Florida Statutes. I further certify that the information and data 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* **5/6/95** **813 4466154**

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

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

INCORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzanne W. 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

4. FFI Number: **65-0492538**      Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

6. This corporation has liability for alternative tax under S. 199(1)(c) Florida Statutes:  Yes  No

21. **3265 BLACK GOLD TR**      26. **SAME**

22.      27.

23. **TALLAHASSEE**      28. **FL**

24. **32308**      25. **FL**      29.      30.

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.

84. City: **TALLAHASSEE**      85. Zip Code: **FL 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 office set forth 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 submitting this statement in accordance with Section 607 (b)(2) Florida Statutes.

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|   |  |  |
|---|--|--|
| 1. NAME: <b>D SAPIENZA, MICHAEL</b>       | 1. NAME: <b>SAPIENZA MICHAEL</b>             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. STREET ADDRESS: <b>731 NW 84TH AVE</b> | 2. STREET ADDRESS: <b>3265 BLACK GOLD TR</b> |  |
| 3. CITY: <b>PEMBROKE PINES</b>            | 3. CITY: <b>TALLAHASSEE, FL</b>              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4. STATE: <b>FL</b>                       | 4. STATE: <b>FL</b>                          |  |
| 5. ZIP CODE: <b>33024</b>                 | 5. ZIP CODE: <b>32308</b>                    |  |
| 6. NAME: <b>D CONTI, ANTHONY</b>          | 6. NAME:                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 7. STREET ADDRESS: <b>48 SE 7 ST</b>      | 7. STREET ADDRESS:                           |  |
| 8. CITY: <b>DANIA</b>                     | 8. CITY:                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 9. STATE: <b>FL</b>                       | 9. STATE:                                    |  |
| 10. ZIP CODE: <b>33004</b>                | 10. ZIP CODE:                                |  |
| 11. NAME:                                 | 11. NAME:                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. STREET ADDRESS:                       | 12. STREET ADDRESS:                          |  |
| 13. CITY:                                 | 13. CITY:                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 14. STATE:                                | 14. STATE:                                   |  |
| 15. ZIP CODE:                             | 15. ZIP CODE:                                |  |

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and I acknowledge and agree that I shall, for the corporation, be liable for the corporation's failure to file this report as required by Chapter 607, Florida Statutes, and that my name appears on the filing of this report as required by Chapter 607, Florida Statutes, and that my name appears on the filing of this report as required by Chapter 607, Florida Statutes.

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