

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000049567 (7)

1. Corporation Name
N.G.J., INC.



Principal Place of Business

Mailing Address

**705 MERMAID DRIVE
APT. 102
DEERFIELD BEACH FL 33441**

**705 MERMAID DRIVE
APT. 102
DEERFIELD BEACH FL 33441**

3. Date Incorporated or Qualified **06/26/1995** 3a. Date of Last Report

4. Ei Number **65-0587911** Applied For ☐ Not Applicable ☐

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
559 NW 38th Terrace
22 City & State
Deerfield Bch, FLORIDA
23 Zip
33441
24 Country

26 Suite, Apt. #, etc.
559 NW 38th Terrace
27 City & State
Deerfield Bch, FLORIDA
28 Zip
33441
29 Country

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BILL, GEORGE
705 MERMAID DRIVE
APT. 102
DEERFIELD BEACH FL 33441**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
559 NW 38th Terrace
83
84 City **Deerfield Beach** FL 85 Zip Code **33441**

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 board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *George Bill* (NOTE: Registered Agent signature required when re-stating) DATE **1-24-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|----------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BILL, GEORGE | |
| STREET ADDRESS | 705 MERMAID DRIVE APT.102 | |
| CITY - ST - ZIP | DEERFIELD BEACH FL 33441 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | |
|---------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 559 NW 38th Terrace |
| 1.4 CITY - ST - ZIP | Deerfield Bch, FL 33441 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. 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 unchanged, or on an attachment with an address.

SIGNATURE: *George Bill*

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96

Date

Daytime Phone #

CR2E034 (12/95)