SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000049839 (0)**

1. Corporation Name
THE NEXT GENERATION FOUNDATION, INC.

Principal Place of Business
3590 NW 54TH ST SUITE 6
FT LAUDERDALE FL 33309

Mailing Address
3590 NW 54TH ST SUITE 6
FT LAUDERDALE FL 33309

3. Date Incorporated or Qualified: **06/27/1995**
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc — 22:
Suite, Apt. #, etc — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 65-0593237 — 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MCCARTNEY, SHARI L
~~**1450 LINCOLN RD #505**~~
~~**MIAMI BEACH FL 33139**~~

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 600 S ANDREWS AVE
83: SUITE 503
84 City: FT. LAUDERDALE FL — 85 Zip Code: 33301

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
Signature (type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MCCARTNEY, SHARI L	
STREET ADDRESS	1450 LINCOLN RD #505	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	☐ DELETE
NAME	MCCARTNEY, JAMES I	
STREET ADDRESS	3590 NW 54TH ST SUITE 6	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	D	☐ DELETE
NAME	MCCARTNEY, MICHELLE	
STREET ADDRESS	3590 NW 54TH ST SUITE 6	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	600 S. ANDREWS AVE, SUITE 503	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	600001891766	☐ Change ☐ Addition
4.2 NAME	-07/12/96--01012--037	
4.3 STREET ADDRESS	***200.00	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	500001891765	☐ Change ☐ Addition
6.2 NAME	-07/12/96--01012--036	
6.3 STREET ADDRESS	***25.00	
6.4 CITY-ST-ZIP		

7-11-96

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is added in an attachment with an address.

SIGNATURE: James I McCartney — 6/11/96 — 954 753 8105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #