

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000049839**

Corporation Name

THE NEXT GENERATION FOUNDATION, INC.

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90003 011 ***558.75



Principal Place of Business
**90 NW 54 ST
SUITE 9
FT LAUDERDALE FL 33309**

Mailing Address
**3590 NW 54 ST
SUITE 9
FT LAUDERDALE FL 33309
US**

DO NOT WRITE IN THIS SPACE

Principal Place of Business
26

Suite, Apt. #, etc.
27

City & State
28

Zip
25

Country
29

3. Date Incorporated or Qualified

06/27/1995

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 owes the current year
Intangible Personal Property.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**MCCARTNEY, SHARI L
600 S ANDREW AVE
STE 503
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name
Mc CARTNEY SHARI L.

82 Street Address (P.O. Box Number is Not Acceptable)
CONRAD + SCHERER

83
633 N. FEDERAL HIGHWAY 8TH FLR

84 City
FT. LAUDERDALE

85 Zip Code
FL 33301

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

1	D	<input type="checkbox"/> DELETE
2	MCCARTNEY, SHARI L	
3	P.O. BOX 030343 N/A	
4	FT. LAUDERDALE FL 33303	
5	D	<input type="checkbox"/> DELETE
6	MCCARTNEY, JAMES I	
7	3590 NW 54 ST SUITE 9	
8	FT LAUDERDALE FL 33309	
9	D	<input type="checkbox"/> DELETE
10	MCCARTNEY, MICHELLE	
11	3590 NW 54 ST SUITE 9	
12	FT LAUDERDALE FL 33309	
13	D	<input type="checkbox"/> DELETE
14		
15	D	<input type="checkbox"/> DELETE
16		
17	D	<input type="checkbox"/> DELETE
18		
19	D	<input type="checkbox"/> DELETE
20		
21	D	<input type="checkbox"/> DELETE
22		
23	D	<input type="checkbox"/> DELETE
24		
25	D	<input type="checkbox"/> DELETE
26		
27	D	<input type="checkbox"/> DELETE
28		
29	D	<input type="checkbox"/> DELETE
30		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MCCARTNEY, SHARI L.
1.3 STREET ADDRESS	CONRAD + SCHERER
1.4 CITY-ST-ZIP	633 S. FEDERAL HIGHWAY 8TH FLOOR FT. LAUDERDALE, FL 33301
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	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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.

SIGNATURE

Shari L. McCartney

9/1/99 954-733-8105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)