FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P95000062330 (2)

FILED Apr 02 1998 8:00am Secretary of State

	NG USA, INC.	Mailing Address	,				
	CENTRAL BLVD. SOUTH STE 1700	7321 WINNINGTON CIR					
CHARLOTTE NC 28226 CHARLOTTE NC 28226 US US					DO NOT WRITE IN THIS SPACE		
00		00			3. Date Incorporated or Qualified		,
					08/10/1995		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21 26					65-0603982		lot Applicable
Suite, Apt. #, etc. Suite Apt. #, etc.					5. Certificate of Status Desired		Additional
22		27					Bequired
City & State					6. Election Campaign Financing \$5.00 May Be		
		- ··- ·- · · · · · · · · · · ·			Trust Fund Contribution		
Zip 24]	25]	29	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
241	9. Name and Address of Curre		[30]		10. Name and Address of New Registere		
GE	REEN, JODI B P.A.			81 Name			
	99 WEST PALMETO PARK RD.		}	82 Street A	ddress (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33486			1	52 Street A	ddress (P.O. Box Number is Not Acceptable)		
			ľ	83			
			ļ	84 City		las Zu	Codo
			1	84 City	F	L 85 Zip	Code
office or agent. I a	am familiar with, and accept the obli	gations of, Section 607.0505, I	riorida Siali	Jies.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	ppointment a	s registered
12.	Signature, typed or printed name of regulered at	pent and title if applicable. (NI ND DIRECTORS	O1E: Aegistered	Agent signature re	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTO	IDS IN 12
TITLE	DP OF TOUR	DELETE	1.1 TII	ıf.	PRESIDENT	Change	
NAME	JOUBERT, DAWID		1.2 NA	1	DAWID JOURERT		
STREET ADDRESS	1100 PARK CENTRAL BLVD	. SOUTH STE 1700	1	REET ADDRESS	7821 WINNINGTON C	RUE	
CITY-ST-ZIP	POMPANO BEACH FL				CHARLOTTE NC 28221	4	
TITLE		DELETE	2 1 117	LF	DIRECTOR	Change	Addition
NAME			2.2 NA	ME .	JOSUA J. F. JOURERT		
STHEET ADDRESS			2.3 SH	REET ADDRESS	3262 Smith FARNIR	N	
CITY-ST-ZIP	<u> </u>		2 4 CI	TY-SI-ZIP	STALLINGS NC. 2810		
TITLE		☐ DELETE	3.1 117	LE ;	DIRECTOR STANCEY K. CIVIN	☐ Change	Addition
NAME			3.2 NA	ME S	BYAKLEY K. CIVIN		
STREET ADDRESS]		3.3 ST	REET ADDRESS	10382 BUENA VENTURA		
CITY-ST-ZIP					SOLA RATON FL. BBU.		
TITLE	1	· LI DELETE	4.1 10	l F		Change	Addition
NAME			4, 2 NA	IME			
STREET ADDRESS			4.3 STI	REFT ADDRESS			
CITY-ST-ZIP		T DELETE		Y-ST-ZIP		7 0	T Assertion
TITLE		DELÉTE	5.1 TiT			Change	Addition
NAME			5.2 NA	1			
STREET ADDRESS				REFT ADDRESS			
CITY-ST-ZiP		I DE FTE		Y-SI-ZIP		T 0	a andres
TITLE		☐ DELETE	6.1 TrT			Change	Addition
NAME			6.2 NA				
STREET ADDRESS				REE1 ADDRESS			
CITY-ST-ZIP	<u> </u>		6.4 CIT	Y-S1-ZIP			

14. Thereby 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 J am an officer or director of the corporation or the occiver or trustee en sowered 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 or an attachment with an address.