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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000088306 (2)

NEXGEN TECHNOLOGIES, INC.

FILED May 14 1997 8:00am Secretary of State



Principal Place of Business 795 NORTHLAKE BOULEVARD NORTH PALM BEACH FL 33408		Mailing Address 795 NORTHLAKE BOULEVARD NORTH PALM BEACH FL 33408-5211			(************************************			
					3. Date Incorporate 11/17/1995	ed or Qualified	3a. Date of Las 03/07/199	t Report 6
	Place of Business	2a. Mailing Address 26 1/94 0/d	' N. v. a		4. FEI Number 65-062127	1		Applied For
Suite, Apt.	4 Old Dixie Hwy	Suite, Apt #, etc.	121716	114	03 002 121	<u> </u>		Not Applicable 5 Additional
	ite 102	27 Suite 10	2		5. Certificate of Sta	atus Desired	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Required
City & Stat	e λ. –.	City & State			6. Election Campa	ign Financing	\$5.0	0 May Be
	ce POVK, FL	28 Lake Por			Trust Fund Cont		L Adde	ed to Fees
Zip 24 3 3 4	403 25 PA In Bearl	Zip 29 33 Yo.3	Countr	y Book	 8. This corporation Florida Statutes 	′ • 4	langible tax unde Yes 🔲 No	r s. 199.032,
24	9. Name and Address of Current		[30]		10. Name and Add			
THE	LAW FIRM OF LAWRENCE J SPI	EGEL CHRTD	81	Name				
	ALMERIA AVENUE	:	82	Street An	dress (P.O. Box Number	is Not Accontable	o)	
CORAL GABLES FL 33134					iareas (1 :0: Box Namber	13 Ped ModelMass		
			83	3				
			84	City			85 Z	ip Code
- 12 E .				l				` ·
office or r agent. I a SIGNATURE	to the provisions of Sections 607.0502 registered agent, or both, in the State o im familiar with, and accept the obligati	ons of, Section 607.0505, Fi	orida Statute) S.		. I hereby accept		as registered
12.	Signature, typed or printed name of registered agent OFFICERS AND		IL Registereo Ag	gent signature rec	quired when reinstating) ADDITIONS/CHA	NGES TO DEFICE	DATE BS AND DIDECT	ORS IN 12
TITLE	PCOD	DELETE	1.1 TITLE		P/N		Chang	
NAME	MUNROE, RICHARD G		1.2 NAME		MUNTOC, PIC 194 OLD BIKE ALC PAVE, F	Lord G		,
STREET ADDRESS	795 NORTHLAKE BOULEVARD			T ADDRESS	194 6/d BIKE	e Hwy SH	5102	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		1.4 C(TY-	S1-7IP (Auc Park, F	C 3340	3	
TITLE	STDC	☐ DELETE	2.1 TITLE		41571CIN		Chang	je Addition
NAME	TERWILLIGER, DENNIS T		2.2 NAME	-	Terwilliger,	DENNIS 7	60 102-	
STREET ADDRESS	795 NORTHLAKE BOULEVARD NORTH PALM BEACH FL 33408	•		1 ADDRESS	Terwilliger 1194 old Diffi LAKE PARK, F	r nwy. o	~ .	
CITY-ST-ZIP	HONTH PALM BEACH FL 33400	DELETE	2. 4 CITY	- ST - ZIP	CALLO PATO, F	2540	Chang	e Addition
TITLE NAME		LJ DETETE	3 1 TITLE 3.2 NAME					le [1] Waarian
STREET ADDRESS			1	I ADDRESS				
CITY-ST-ZIP			3.4. CITY					
TITLE		☐ DELETE	4.1 TITLE			7	☐ Chang	e 🔲 Addition
NAME			4. 2 NAMI	F				
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 C/TY-	ST-ZIP				·
TITLE		☐ DELETE	5.1 TITLE				Chang	e Addition
NAME			6.2 NAMÉ					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CITY -	ST-ZIP			Chan	e Addition
TITLE		ליין טונגונ	6.1 TITUE				☐ Chang	ic 🗀 Wanition
NAME OTOGET LOCATECE			6.2 NAME					
STREET ADDRESS			•	T ADDRESS				
CITY-ST-ZIP			G.4 CITY -	51-ZII'				

I do 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 logal 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