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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000035983

**NEXGEN PRODUCTIONS, INC.** 

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90115 035 \*\*\*150.00



Principal Place	e of Business	Mailing Address					
17021 TERRA VERDE CIRCLE 17021 TERRA VERDE CIRCLE							
FORT MYERS FL 33906 FORT MYERS FL 33906					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed	11110 01 710 1	
					04/24/1996		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ar	pplied For
21 1342 CoLonial Berd 26 1342 Colonia				Blud	65-0659824	N.	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75	Additional
22 SVITE 17 27 SVITE			e 1	7	5. Certificate of Status Desired	Fee Re	equired
City & State City & State				<b>m</b> /	6. Election Campaign Financing	•	May Be
23 Fort Pilers 128 Fort Myers			3	F-	Trust Fund Contribution		to Fees
Zip 12	Ga Z Country	- 32607m	Country	125	8. This corporation owes the current ye	ear Intangible	□No
24 ) >	10 7  25  U >	29 / / / 30			Personal Property Tax.  10. Name and Address of New Regist		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Regist	ered Agent	
CARRINGTON, MICHAEL W							
17021 TERRA VERDE CIRCLE				Street Ac	ddress (P.O. Box Number is Not Acceptable)		
FORT MYERS FL 33908			83				
į.							
_			84	City		FL 85 Zip	Code
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							
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was authori	zed by	the corpora	ation's board of directors. I hereby accept the	appointment as re	egisterea
SIGNATURE		· · · · · · · · · · · · · · · · · · ·					}
SIGNATURE	Signature, typed or printed name of registered agent		nt signature requ	3,	TE .		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE	PSDC	_	1 TITLE			Change	1 Addition
NAME	CARRINGTON, MICHAEL W		2 NAME				}
STREET ADDRESS	17021 TERRA VERDE CIRCLE			TADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33908		4 CITY-S	ST-ZIP		Change	☐ Addition
TITLE	•	, and the second	2 NAME			g	
NAME				T 4000000		•	}
STREET ADDRESS				T ADDRESS		•	-· -
CITY-ST-ZIP TITLE			4 CITY-1	51-21		· Change	Addition
NAME		_	2 NAME			•	_
STREET ADDRESS				T ADDRESS			ļ
			4. CITY-				
CITY-ST-ZIP TITLE			1 TITLE	3(-211		[] Change	☐ Addition
NAME		_	2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		4	.4 CITY-5	ST-ZIP	•		
TITLE			1 TITLE			Change	☐ Addition
NAME		5	2 NAME				
STREET ADDRESS		5	3 STREE	TADDRESS			
CITY-ST-ZIP		5	.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE 6	.1 TITLE			Change	☐ Addition
NAME		6	2 NAME				ļ
STREET ADDRESS		6	.3 STREE	TADDRESS		-	ĺ
		ء	A COTTY O	T 79D			

14. 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, pr on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR