

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

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000046032 (4)

1. Corporation Name  
N.D.G., INC.

Principal Place of Business  
1045 FIFTH AVENUE NORTH  
NAPLES FL 33940-5880  
34102

Mailing Address  
1045 FIFTH AVENUE NORTH  
NAPLES FL 33940-5880



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/20/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0687903	
24 Country		30 Country		Applied For	
25		29		Not Applicable	
26		30		5. Certificate of Status Desired	
27		31		<input type="checkbox"/> \$8.75 Additional Fee Required	
28		32		6. Election Campaign Financing	
29		33		<input type="checkbox"/> \$5.00 May Be Added to Fees	
30		34		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
31		35		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RICHMAN, KENNETH W JR.  
2840 GOLDEN GATE PARKWAY STE 206  
NAPLES FL 33942  
34105

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL 34105
83	
84 City	

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0 <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAYEL, DANNY L	1.2 NAME	
STREET ADDRESS	2480 10TH STREET NORTH	1.3 STREET ADDRESS	2725 14th Street North
CITY-ST-ZIP	NAPLES FL 33940	1.4 CITY-ST-ZIP	Naples, FL 34103
TITLE	0 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDRY, GILBERT F	2.2 NAME	
STREET ADDRESS	11431 WATERFORD VILLAGE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33913	2.4 CITY-ST-ZIP	
TITLE	0 <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, NINA B	3.2 NAME	
STREET ADDRESS	400 CHARLEMAGNE BLVD.	3.3 STREET ADDRESS	137 Versailles Cir.
CITY-ST-ZIP	NAPLES FL 33962	3.4 CITY-ST-ZIP	Naples, FL 34112
TITLE	0 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	0 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	0 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, or on an attachment with an address.

SIGNATURE: Nina B. Mason 4/16/98 941/262-2428

CR2E034 (10/97)