

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

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May 01, 1999 8:00 am
Secretary of State

05-01-1999 90060 019 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000068447

1. Corporation Name
FG GROUP, INC.

Principal Place of Business
1920 S OCEAN DRIVE
3-A
HALLANDALE FL 33009
US

Mailing Address
1920 S OCEAN DRIVE
3-A
HALLANDALE FL 33009
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/15/1996

4. FEI Number
65-0697048

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 **4925 COLLINS AVE**
Suite, Apt. #, etc.
22 **7E**
City & State
23 **M. BEACH FL.**
Zip Country
24 **33140** 25
2a. Mailing Address
26 **4925 COLLINS AVE**
Suite, Apt. #, etc.
27 **7E**
City & State
28 **M. BEACH FL.**
Zip Country
29 **33140** 30

9. Name and Address of Current Registered Agent

GLUECKMANN, FERDINAND
1920 S OCEAN DR #3A
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name **GLUECKMANN, FERDINAND**
82 Street Address (P.O. Box Number is Not Acceptable)
4925 COLLINS AVE 7E
83 **M. BEACH**
84 City **FL** 85 Zip Code **33140**

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

4/27/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. GLUECKMANN, FERDINAND	1.2 NAME	GLUECKMANN, F.
STREET ADDRESS	1920 SOUTH OCEAN DRIVE APT. #3A	1.3 STREET ADDRESS	4925 COLLINS AVE #7E
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	M. BEACH, FL 33140
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<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	<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	<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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

Daytime Phone #

CR2E034 (11/98)