

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000082724 (1)

1. Corporation Name
NGS 2000, INC.



Principal Place of Business

Mailing Address

~~405 CAMELLIA TRAIL~~
~~ST. AUGUSTINE FL 32086~~
18 Dolphin Drive
Vero Beach, FL 32960

~~POST OFFICE BOX 102~~
~~ST. AUGUSTINE FL 32085-0102~~
WI
P.O. Box 3146
Vero Beach, FL 32964

2. Principal Place of Business

2a. Mailing Address

21 18 Dolphin Drive
Suite, Apt. #, etc.

26 P.O. Box 3146
Suite, Apt. #, etc.

22 City & State
Vero Beach, FL

27 City & State
Vero Beach, FL

23 Zip
32960

28 Zip
32964

24 Country
Indian River

29 Country
Indian River

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

10/07/1996

4. FEI Number

Applied For

59-3410303

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

WISNIEWSKI, GINA

~~405 CAMELLIA TRAIL~~

~~ST. AUGUSTINE FL 32086~~

18 Dolphin Drive

Vero Beach, FL 32960

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 18 Dolphin Drive

84 City

Vero Beach, FL 32960 FL

85 Zip Code
32960

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 D
NAME WISNIEWSKI, GINA
STREET ADDRESS 405 CAMELLIA TRAIL 18 Dolphin Drive
CITY-ST-ZIP ~~ST. AUGUSTINE FL 32086~~ Vero Beach, FL 32960

TITLE D
NAME WISNIEWSKI, EDWARD
STREET ADDRESS 405 CAMELLIA TRAIL 18 Dolphin Drive
CITY-ST-ZIP ~~ST. AUGUSTINE FL 32086~~ Vero Beach, FL 32960

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. 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 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

[Signature]

04-05-97

541-569-5765

CR2E034 (9/96)