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FILED

Mar 23 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 # P96000102972 (2)

1. Corporation Name

NEXGEN FINANCIAL CORPORATION

Principal Place of Business

Mailing Address

25 SEABREEZE AVE STE 300  
DELRAY BEACH FL 33483  
US

25 SEABREEZE AVE STE 300  
DELRAY BEACH FL 33483  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1996

4. FEI Number

65-0773633

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 160 SE 6th Ave

Suite, Apt. #, etc.

22 Suite "D"

City & State

23 DELRAY Bch FL

Zip

24 33483

Country

25 P B Co

2a. Mailing Address

26 160 SE 6th Ave

Suite, Apt. #, etc.

27 Suite "D"

City & State

28 DELRAY Bch FL

Zip

29 33483

Country

30 P B Co

9. Name and Address of Current Registered Agent

HOGAN, SUSAN  
98 S.E. 6TH AVENUE  
SUITE 2  
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name

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

83 160 SE 6th Ave

84 Suite "D"

City DELRAY BEACH

FL

85 Zip Code

33483

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

Susan Hogan

SUSAN HOGAN

3/16/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HOGAN, SUSAN  
STREET ADDRESS 25 SEABREEZE AVE #300  
CITY-ST-ZIP DELRAY Bch FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☐ Addition

1.2 NAME SUSAN HOGAN  
1.3 STREET ADDRESS 160 SE 6th Ave  
1.4 CITY-ST-ZIP DELRAY Bch FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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

Susan Hogan

SUSAN HOGAN

3/16/98 5d-266-9120

CR2E034 (10/97)