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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT GESTATE Sandra B. Martham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000018784 (3)

N.B.G., INC.

FILED Jul 07 1998 8:00am Secretary of State



Principal Place of Rusiness	Mailing Addraes					
Principal Place of Business Mailing Address 9281 N. 56TH STREET 9281 N. 56TH STREET TAMPA FL 33617 TAMPA FL 33617					DO NOT WRITE IN THIS SPACE	
·					3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Addre	ss			02/28/1997 4. FEI Number 343 5464 Applied For Not Applicable	
21	[26]					
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State	City & State			1.5	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
	ountry Zip	Cour	ntry		8. This corporation owes or has paid the current year Intangible	
24 25	29	30			Personal Property Tax due June 30. X Yes No	
	ddress of Current Registered Agent	- 	81	Name	10. Name and Address of New Registered Agent	
ELM, RICHARD G			or rame			
607Q RIVER TRACE			82 Street Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33617		Ţ	83			
			84	City	85 Zip Code	
•			04	City	FL S P COUS	
office or registered agent, or	Sections 607 0502 and 607,1508, Florid hoth, in the State of Florida. Such chang Laccept the obligations of, Section 607.0	e was authorized	by t	the corporation	ration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered	
SIGNATURE						
Signature typed or printed	d name of registered agent and little it applicable OFFICERS AND DIRECTORS	(NOTE Registered	Agent	t signature required	when renstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	DEL		LF		Change Addition	
NAME ELM, RICHARD	o G	12 NA	ME			
STREET ADDRESS 6070 RIVER TRACE			13 STREET ADDRESS			
CITY-ST-ZIP TAMPA FL 336		1.4 Cit		- ZIP		
TITLE	□ DEL				Change Addition	
NAME		2.2 NA				
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP .	DEL	2. 4 CIT ETE 3.1 TITL		1 - ZIF	☐ Change ☐ Addition	
NAME	1	3.2 NA				
STREET ADDRESS		3 3 STR	A T348	ADDRESS		
CITY-S1-ZIP		3 4. CiT		1-7IP		
TITLE	L D€t				Change Addition	
NAME		4. 2 NA				
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP TITLE	DEL	4 4 CIT		- 417	☐ Change ☐ Addition	
NAME		5.2 NAM			_ · <u> </u>	
STREET ADDRESS		•		ADDRESS		
CITY-\$T-ZIP		5.4 CIT	Y-\$1-	- ZIP		
TITLE	□ DEL				1DDDD25824 TChange Addition	
NAME		6.2 NA			1000025824 T1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
STREET ADDRESS		•	1931. Y - 91.	ADDRESS	***150.00	
771 F C1 200 1		■ 6.4 FH?		- /IV 1		

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 convoration of 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 chalged an or an attachment with an address.