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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corp	OMENI Oration Name NRGO SOUTH		OUUB	3822U (3))						
Principal Place of Business Mailing Address						·····	-		JOIN DONN 10)101 10110 11910 11	1011 80 11 (001
6877 S	W 36TH COURT		6877 SW 36TH COURT								
MIRAMAR FL 33023			MIRAMAR FL 33023								
								DO NOT WRIT		SPACE	
								3. Date Incorporated or Qualified 10/13/1997			
	2. Principal Place of Business			2a. Mailing Address				4. FEI Number 65-07969	14		pplied For
21	Ant H ato	-	Suite, Apt. #, etc.				63-01/01	<u>' / </u>		ot Applicable	
22 City 5	, Apt. #, et c.		27	27				5. Certificate of Status Desired			Additional equired
City 8	State		27	City & State				6. Election Campaign Financing			
23	23			28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
L ZIP	Country			Zip C		Country		6. This corporation owes or has paid the current year Intangible			
24	4 25 29				30						No
9, Name and Address of Current Registered Agent WIENER MARVIN I 81 N								10. Name and Address of New R	egistered	Agent	
WIENER, MARVIN I						31 Name					
2121 PONCE DE LEON BLVD SUITE 900 CORAL GABLES FL 33134					[8	Street A	Addres	s (P.O. Box Number is Not Accepta	.ble)		- 1- W. - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
CONNE CADLES PE 33134						33					
						34 City			FL	_ 85 Zip	Code
l offic	e or registered as	sions of Sections 607.t gent, or both, in the St ith, and accept the ob	ate of Florid	ia. Such change was i	aulhorized	by the corp	corporation	ation submits this statement for the o's board of directors. I hereby acce	purpose o	of changing it pointment as	ts registered registered
SIGNATI	JRE	Tor printed name of registered					pariupa	when reinstating)	DATE		
12,		OFFICERS			13.			ADDITIONS/CHANGES TO OFFI		D DIRECTOR	RS IN 12
TITLE	D			DELETE	1.1 TITL	E				Change	Addition
NAME		LIN, VIVIAN			1.2 NAM	(E	: 	·			
STREET ADO		W 36TH COURT			1.3 STA	EET AODRESS	i				
CITY-ST-ZI	P MIRAM	AR FL 33023			1.4 CiTy	'-ST-ZIP					
TITLE				☐ DELETE	2.1 TITL		ı			☐ Change	Addition
NAME					2.2 NAV	ie Eet address	i				
	REET ADDRESS						ı				
CITY-ST-ZI	P			DELETE	2 4 CIT	Y-ST-ZIP				Change	Addition
NAME				La Decert	32 NAM		ı			□ ounde	Modilion
STREET ADD	RESS				1	EET ADDRESS	i				
CITY-ST-ZI					1	Y-ST-ZIP	i				
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NAME					4. 2 NAA	AE .	i				
STREET ADD	RESS				4.3 STR	ET ADDRESS	i				
CITY-ST-ZI	Р				4.4 CITY	-ST-ZIP					
TITLE				☐ DELETE	5.1 วิเวิน	E				Change	Addition
NAME					5.2 NAM	E					
STREET ADD	ress				5.3 STR	ET ADDRESS					
CITY-ST-ZI	P			Dr. Fve		-ST-ZIP				77.60	
TITLE				☐ DELETE	6.1 TITE	1				Change	Addition
NAME					6.2 NAM	1					
STREET ADO	RESS				6.3 STRE	ET ADDRESS					

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 occiver or trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if shaped or or an all dachment with an address.

FILED

Jan 23 1998 8:00am

Secretary of State