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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000057761

NEXT GENERATION COMMUNICATIONS, INC.

Principal			Place	of Busine				
	•	-			4000			

Maiting Address

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90091 035 \*\*\*150.00



300 S. FLORIDA TARPON SPRIN		300 S. FLORIDA AVE. 100-B TARPON SPRINGS FL 34689				DO NOT WE	RITE IN THIS	S SPACE					
						3. Date Incor	rporated or Qualife	d		•			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number				Applied For		
21 29821	US HWY 19 N	26 29821 05 1	HWH	191	)	593	517691			Not A	Applicable		
Suite, Apt.		Suite, Apt. #, etc.				1	-		\$8.7	75 Ad	ditional		
22	,	27				5. Certificate	of Status Desired	لسا	Fe	e Requ	uired		
City & State	e ,	City & State				6. Election C	ampaign Financing	3 5	\$5.	00 м	ay Be		
23 CLEA	KWATER FL	28 CHARWATE	e, Fl	_			d Contribution	' D	Add	ded to	Fees		
Zip	Country	Zip	Country		-	8. This corpo	oration owes the cu	ment year Ir	tangible				
24 3374	1 25 PINELLAS	29 3374/ 3	PIN	ell	45	Personal F	Property Tax.		🔀 Yes		]No		
	9. Name and Address of Current					10. Name and	d Address of New	Registered	l Agent				
			81	Name	•								
WHN	rcomb, kenneth f		-										
300	S. FLORIDA AVE. 100-B		82	Street Address (P.O. Box Number is Not Acceptable) 1500 A-2 SUNSET 20					۸٥				
TARF	PON SPRINGS FL 34689		83	13	00		ن داری						
			84	City				FI	85	Zip Co	de		
<b>-</b>			<u>ļ</u>						-	a ita sa	aistored		
11. Pursuant i	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes Florida, Such change was auth	, the above norized by	e-name the cor	o corpo poration	oration submits to n's board of dire	nis statement for tr ctors. I hereby acc	ept the appo	ointment a	ıy ils re as regis	stered		
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes	•	,		•	, ,,		_			
SIGNATURE													
	Signature, typed or printed name of registered agent a	und title if applicable. (NOTE: R		t signatur	e required	when reinstating)		DATE					
12.	OFFICERS AND		13.		_	ADDITIONS	S/CHANGES TO C	FFICERS A					
TITLE	D.	☐ DELETE	1.1 TITLE						Cha	nge	☐ Addition		
NAME	WHITCOMB, KENNETH F		1.2 NAME			_		e- 0	۸				
STREET ADDRESS	300 S. FLORIDA AVE. 100-B		1.3 STREET	ADDRES	s 15	500 A-	2 5005	~ ·					
CITY-ST-ZIP	TARPON SPRINGS FL 34689		1.4 CITY-S	T- ZIP									
TITLE		☐ DELETE	2.1 TITLE						☐ Cha	inge	☐ Addition		
NAME			2.2 NAME										
STREET ADDRESS			2.3 STREET	ADDRES	s								
			2. 4 CITY-S										
CITY-ST-ZIP		☐ DELETE ~	3.1 TITLE	1-ZIF	+				☐ Cha	nge	Addition		
	·	<u></u>	3.2 NAME							-	***		
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NAME	•		4. 2 NAME	•	1								
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CITY-ST-ZIP			5.4 CITY-S	T-ZIP									
TITLE		☐ DELETE	6.1 TITLE						☐ Cha	inge	Addition		
NAME			6.2 NAME										
STREET ADDRESS			6.3 STREET	ADDRES	s								
CITY-ST-7IP			6.4 CITY-S	T- ZIP									
LIT+31-AP	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 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.