

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 JAN 20 PM 4: 26

DOCUMENT # **S28481** (7)

1. Corporation Name
NGLC, INC.

Principal Place of Business

3275 NW 79TH ST
MIAMI FL 33147
US

Mailing Address

3275 NW 79TH ST
MIAMI FL 33147
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/30/1991** 3a. Date of Last Report **02/16/1994**

4. FEI Number **65-0241192** 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

GORDON, NINA S.
1221 BRICKELL AVE #2500
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 the corporation.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WILCOX, THADDEUS
STREET ADDRESS	3275 NW 79TH ST
CITY- ST- ZIP	MIAMI FL
TITLE	D
NAME	REEVES, GARTH
STREET ADDRESS	900 NW 54TH ST
CITY- ST- ZIP	MIAMI FL
TITLE	D
NAME	ARMSTRONG, WILLIAM
STREET ADDRESS	1200 N FEDERAL HWY
CITY- ST- ZIP	HOLLYWOOD FL
TITLE	DS
NAME	ADKINS, WAYMAN
STREET ADDRESS	701 SE OKEECHOBEE RD
CITY- ST- ZIP	HIALEAH FL
TITLE	D
NAME	PHILLIPS, ROY D
STREET ADDRESS	12725 SW 218 ST
CITY- ST- ZIP	GOULDS FL
TITLE	D
NAME	WATSON, PAMELA
STREET ADDRESS	20401 NE 2 AVE, STE 300
CITY- ST- ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(3)(b), 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 officer or director 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thaddeus Wilcox

1/10/95

(305) 696-0700