


3-3-91 B-2507 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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 33147-4619 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/30/1991	
				3a. Date of Last Report 07/02/1996	
				4. FEI Number 65-0241192	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	WILCOX, THADDEUS				
STREET ADDRESS	3275 NW 79TH ST				
CITY-ST-ZIP	MIAMI FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	REEVES, GARTH				
STREET ADDRESS	900 NW 54TH ST				
CITY-ST-ZIP	MIAMI FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ARMSTRONG, WILLIAM				
STREET ADDRESS	1200 N FEDERAL HWY				
CITY-ST-ZIP	HOLLYWOOD FL				
TITLE	DS	<input checked="" type="checkbox"/> DELETE			
NAME	ADKINS, WAYMAN				
STREET ADDRESS	701 SE OKEECHOBEE RD				
CITY-ST-ZIP	HIALEAH FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WATSON, PAMELA				
STREET ADDRESS	20401 NE 2 AVE, STE 300				
CITY-ST-ZIP	MIAMI FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	Antonio Junior				
1.3 STREET ADDRESS	150 Southeast 25th Road, Unit 41				
1.4 CITY-ST-ZIP	Miami, FL 33129				
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	Rachel Reeves				
2.3 STREET ADDRESS	900 NW 54th Street				
2.4 CITY-ST-ZIP	Miami, FL 33127				
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	Jim McKinley				
3.3 STREET ADDRESS	6555 Powerline Road, Suite 214				
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309				
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)

1/27/97 (305) 696-0700