

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S28481**

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**

**FILED**  
**Jul 30, 1999 8:00 am**  
**Secretary of State**

07-30-1999 90002 030 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/30/1991**

4. FEI Number **65-0241192** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **GARTH C. REEVES**

82 Street Address (P.O. Box Number is Not Acceptable)  
**900 NW 54 ST**

83 **MIAMI**

84 City **MIAMI**

FL 85 Zip Code **33137**

11. Pursuant to the provisions of sections 607.0502 and 607.1509, 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

*Garth C. Reeves*

**7/2/99**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DC** ☐ DELETE  
NAME **REEVES, RACHEL J.**  
STREET ADDRESS **900 NW 54TH STREET**  
CITY-ST-ZIP **MIAMI FL 33127**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **DIRECTOR**  
1.3 STREET ADDRESS **JAMES N. BLUMBERG**  
1.4 CITY-ST-ZIP **171 NE 21ST STREET NORTH MIAMI, FL 33179**

TITLE **D** ☐ DELETE  
NAME **REEVES, GARTH**  
STREET ADDRESS **900 NW 54TH ST**  
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **PHILLIPS, ROY**  
STREET ADDRESS **12725 SW 218 STREET**  
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **JUNIOR, ANTONIO**  
STREET ADDRESS **150 SOUTHEAST 25TH ROAD, UNIT 41**  
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **WATSON, PAMELA**  
STREET ADDRESS **20401 NE 2 AVE, STE 300**  
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MKINLEY, JIM**  
STREET ADDRESS **6555 POWERLINE ROAD SUITE 214**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

*Katherine Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/2/99 (305) 757-1300**

CR2E034 (5/99)

005676