FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # S57263 (3)

1. Corporation Name
N.C.G. INTERIOR & EXTERIOR SYSTEMS INC.

Principal Place of Business	Mailing Address
4450 SW 61ST AVE. #6 DAVIE FL 33314	4450 SW 61ST AVE. #6 DAVIE FL 33314

3. Date Incorporated or Qualified: 06/03/1991
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0269201 ☐ 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 24 ___ Country 25 ___
2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

COSTELLO, PAUL
11172 NW 37TH STREET
#6
TAMARAC FL 33351

10. Name and Address of New Registered Agent

81 Name: SAME ACROSS
82 Street Address (P.O. Box Number is Not Acceptable): SAME ACROSS
83 NONE
84 City: SUNRISE FL 85 Zip Code: 33351

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 ____________ DATE ____________

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	DP ☑ Change ☐ Addition
NAME	COSTELLO, PAUL		1.2 NAME	PAUL COSTELLO
STREET ADDRESS	8000 COLONY CIRCLE SOUTH #205		1.3 STREET ADDRESS	11172 NW 37 ST
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST-ZIP	SUNRISE FL 33351
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NEVERA, RONALD		2.2 NAME	
STREET ADDRESS	14075 NW 5TH CT.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	DST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GRESKO, GEORGE E.		3.2 NAME	
STREET ADDRESS	14090 NW 5TH CT.		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 119.07(3)(k), 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: Paul E. Costello PAUL E. Costello DP 2/7/96 (305) 792-3291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)