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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

NT # **S94504**

(5)

1. Corporation	NE'S LEDGE, INC.	(5)			
112110	NE O LEDGE, ING.				: 01411
Principal Place	of Business	Mailing Address			I DISKI DIDIL SISKI DIDIK DIDIL 1881
4572 NW EIGHTH TERRACE FT LAUDERDALE FL 33309 US		PO BOX 24903 FT LAUDERDALE FL 33 US	07-908		
00		00		3. Date incorporated or Qualified 3a. (Date of Last Report 04/27/1995
2. Principal Pia	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0299561	Not Applicable
22		27 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Žip 24	Country 25	Zip 29	Country 30	This corporation has liability for intangib Florida Statutes	· · · · · · · · · · · · · · · · · · ·
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	ed Agent
11/4/011	LDAMO		81 Name		
LYNCH, J. DAVID 224 COMMERCIAL BLVD			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
STE 310			63		
	DALE BY THE SEA FL 33308		84 City		- 85 Zip Code
				-	- L
11. Pursuant t or register familiar wit	o the provisions of Sections 607.050: ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	2 and 607.1508, Florida Statute ida. Such change was authorize tion 607.0505, Florida Statutes.	s, the above-named corpo ed by the corporation's boa	ration submits this statement for the purpose of ard of directors. I hereby accept the appointmen	changing its registered office it as registered agent. I am
SIGNATURE.	, ,				
	Signature, typed or printed name of registered agen	nt and title if applicable. (NOT ND DIRECTORS	E. Registered Agent signature require	ed when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS (
12.	PTD	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	HOPKINS, DAVID E.	_	1.2 NAME		
STREET ADDRESS	1300 NW 42ND STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY - ST - ZIP		
TITLE	VD DICHARD I	☐ DELETE	2 1 TITLE		Change Addition
NAME STREET ADDRESS	PAUL, RICHARD J. 251 NE 38TH STREET, A302	,	2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	•	2.4 City-St-Zip		
TITLE	SD	DELETE	3 1 TITLE		Change Addition
NAME	LYNCH, J DAVID	_	3 2 NAME		_ , _
STREET ADDRESS	224 COMMERCIAL BLVD, ST	E 310	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE BY THE SEA	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		☐ DELETE	4.4 CITY - ST - ZIP		Change C Addition
TITLE		□ nerese	5. 1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
DITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	<u> </u>	☐ DELETE	6 1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			6.2 NAME		_ · _ · ·
STREET ADDRESS			6.3 STREET ADDRESS		
OITH OT 7/0			C + C/T // CY 7/0		

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. Further certify that the information indicated on this annual opon or supplemental accurate 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 trusted 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 atjactment with an uddress.

SIGNATURE:

TYPEO OR PRINTYO VAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 (954)771-71400

R2F034 (12/95)