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 # **524588** **(1)**

1. Corporate Name
NO-MUV CORPORATION, INC.

Principal Place of Business
5801 PHILLIPS HWY.
JACKSONVILLE FL 32216

Mailing Address
5801 PHILLIPS HWY.
JACKSONVILLE FL 32216

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

3. Date Incorporated or Qualified: **01/27/1977**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **59-1764912** — Applied For / Not Applicable

5. Certificate of Status Desired: X **$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: X Yes ☐ No

9. Name and Address of Current Registered Agent
MUSSALLEM, CHARLES S. JR.
5801 PHILLIPS HWY.
JACKSONVILLE FL 32216

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

12. OFFICERS AND DIRECTORS

TITLE	CEO	☐ DELETE
NAME	MUSSALLEM, C. S. JR.	
STREET ADDRESS	1011 ORIENTAL GARDENS RD	
CITY, ST, ZIP	JACKSONVILLE FL	
TITLE	ATD	☐ DELETE
NAME	HERRO, LINDA M	
STREET ADDRESS	5439 E WINDROSE DR	
CITY, ST, ZIP	SCOTTSDALE AZ	
TITLE	DP	☐ DELETE
NAME	MUSSALLEM, C. S. III	
STREET ADDRESS	5830 CLIFTON AVE.	
CITY, ST, ZIP	JACKSONVILLE FL	
TITLE	TD	☐ DELETE
NAME	JABOUR, MARLENE	
STREET ADDRESS	8136 JOSE CIRCLE WEST	
CITY, ST, ZIP	JACKSVILLE FL	
TITLE	SD	☐ DELETE
NAME	D'AMOUR, ROSEMARIE M.	
STREET ADDRESS	1415 NICHOLSON RD	
CITY, ST, ZIP	JACKSONVILLE FL	
TITLE	VD	☐ DELETE
NAME	MUSSALLEM, JAMES M.	
STREET ADDRESS	5120 N CENTRAL AVE	
CITY, ST, ZIP	PHOENIX AZ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change	☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE	☐ Change	☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE	☐ Change	☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE	☐ Change	☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE	☐ Change	☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE	☐ Change	☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing, and clearly designated as 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 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 a 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 added in addition to my name with an address.

SIGNATURE: X Charles S. Mussallem Jr.-CEO 1/31/96 (904) 739-3636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)