FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 524588

(1)

NO-MUV CORPORATION, INC.

5439 E WINDROSE DR

MUSSALLEM, C. S. III

5830 CLIFTON AVE.

JACKSONVILLE FL

JABOUR, MARLENE

JACKSVILLE FL

8136 JOSE CIRCLE WEST

D'AMOUR, ROSEMARIE M.

1415 NICHOLSON RD

MUSSALLEM, JAMES M.

5120 N CENTRAL AVE

JACKSONVILLE FL

SCOTTSDALE AZ

FILED
Mar 09 1998 8:00am
Secretary of State

| Principal Place of Business Mailing Address | | | | | | Air kidis dinsi dibir nidir tanı | |
|--|--|---|--|------------------------------------|--|--|--|
| 5801 PHILLIF JACKSONVIL | 5801 PHILLIPS HWY. JACKSONVILLE FL 322 | 16 | | DO NOT WRITE IN THIS | S SPACE | | |
| | | | | | 3. Date Incorporated or Qualified 01/27/1977 | | |
| 2. Principal F | Place of Business | 2a, Mailing Address | ···· | | 4. FEI Number | Applied For | |
| 21 | | 26 | | | 59-1764912 | Not Applicable | |
| Suite, Apt. | #, etc | Suite, Apt. #, etc. | · | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | City & State | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip 24 | Country 25 | 7)p | 30 Cour | ntry | This corporation owes or has pald the or Personal Property Tax due June 30. | Yes No | |
| g. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registere | d Agent | |
| MUSSALLEM, CHARLES S. JR. 5801 PHILLIPS HWY. JACKSONVILLE FL 32218 | | | } | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | Į | 63 | | | |
| | | | Ţ | 84 City | F | | |
| 11. Pursuant office or a agent. I a | to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig | 02 and 607.1508, Florida Statu e of Flonda. Such change was gations of, Section 607.0505, F | utes, the ab authorized lorida Statu | ove-named of by the corporates. | corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap | of changing its registered ppointment as registered | |
| SIGNATURE. | Signature, typod or printed name of registered ag | gent and title if applicable (NC | OTE: Registered | Agent signature r | equired when reinstating) DATE | | |
| 12. OFFICERS AND DIRECTORS | | | | | ADDITIONS/CHANGES TO OFFICERS AF | ND DIRECTORS IN 12 | |
| TITLE | CEO | ☐ DELETE | 1.1 1(1 | LE | | Change Addition | |
| NAME | MUSSALLEM, C. S. JR. | | 1.2 NA | ME (| | | |
| STREET ADDRESS 1011 ORIENTAL GARDENS RD | | | 1.3 STF | IEET ADDRESS | | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 1.4 CIT | Y+ST-ZIP | | | |
| TITLE | ATD | DELETE | 2 1 111 | .F | | Change Addition | |
| MAME | HERRO LINDA M | | 223141 | ue Ì | | i | |

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY-\$1-ZIP

4.4 CITY-ST-ZIP

3 4. CITY-ST-ZIP

2 4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

☐ DELETE

DELETE

CHY-St-ZIP

14. Thereby 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 ropor or supply ental 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 if 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, by on an attachment with an address.

SIGNATURE:

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NAME

TITLE

Pres, Charles S. Mussallem III

2/28/98

739-3636

Change Addition

Change

Change

Change

Addition

Addition

Addition