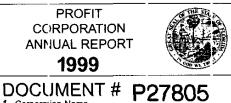
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

NOVA INSURANCE GROUP, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90282 032 ***150.00



Mailing Address Principal Place of Business P.O. BOX 520953 P.O. BOX 520953 MIAMI FL 33152 MIAMI FL 33152-0953 DO NOT WRITE IN THIS SPACE US US 3. Date Incorporated or Qualifed 01/23/1990 4. FEL Number App ied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 06-1276047 26 21 Suite, Apt. #, etc. \$8.75 Acditional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & S ate City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees Trust Fund Contribution 23 28 Country Coun:ry Zip 8. This corporation owes the current year Intangible Zip Personal Property Tax. 30 25 29 24 10. Name and Address of New Registere J Agent 9. Name and Address of Current Registered Agent 81 CT CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 83 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or 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, Fk rida Statutes. SIGNATURE Signature, typed or printed har te of registered agent, and title if applicable (NOTI : Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE ☐ Change Addition 1.1 TITLE TITLE ERNST, NORMAN F., JR. 1.2 NAME NAME

180 OAK STREET 1.3 STREET ADDRESS STREET ADDRESS **BUFFALO NY** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 21 TITLE TITLE HOOVER, CHRISTOPHER C 2.2 NAME NAME 6663 E. EDEN RD 2.3 STREET ADDRESS STREET ADDRESS HAMBURG NY 14075 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE TITLE 31 TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP ☐ Addition DELETE Change 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 5.1 TITLE TITI F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 6.1 TITLE □ DELETE TITLE 6 2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. I hereb / 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 without address, with a light empowered.

SIGNATURE: __

CR2E034 (11/98)