

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 344457

(7)

1. Corporation Name  
NOVA SALES INC

Principal Place of Business

707 G MISSOURI AVE 2515 ORANGE FIELD RD  
LAKELAND FL 33809 33811  
US

Mailing Address

2515 ORANGE FIELD RD  
LAKELAND FL 33811  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

LIGORI, JOE A.  
1305 BROOKER RD.  
BRANDON FL 33511

3. Date Incorporated or Qualified

04/14/1969

3a. Date of Last Report

08/12/1996

4. FEI Number

59-1237060

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE NAME STREET ADDRESS CITY - ST - ZIP

M ROWAN, MICHAEL  
208 PALMOLA ST  
LAKELAND, FLORIDA 00000

TITLE NAME STREET ADDRESS CITY - ST - ZIP

CD GRAHAM, JOHN T.  
214 BARRY COURT  
LONGWOOD FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D SAJOVETZ, R R  
13323 GOLF CREST CIRCLE  
TAMPA, FLORIDA 00000

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D BRYANT, A C  
4425 MT VIEW DRIVE  
LAKELAND, FLORIDA 00000

TITLE NAME STREET ADDRESS CITY - ST - ZIP

PD LIGORI, J.A.  
1305 BROOKER ROAD  
BRANDON FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP

S BROWN LEE, VERNON  
5322 DORMAN RD  
LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do hereby 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 with an address.

SIGNATURE

AS REQUIRED BY SECTION 119.07(3)(i)

4/29/97

941-646-4319

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Jun 09 1997 8:00am  
Secretary of State



CR2E034 (9/96)