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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEFARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

(6)

 Corporation Name N.V.C., INC.

Principal Place of Business

2140 COACH HOUSE LANE NAPLES FL 33942

Mailing Address

2140 COACH HOUSE LANE NAPLES FL 33942



					3. Date Incorporated or Qualified 01/17/1977	3a. Date of Last Report 04/07/1995		
2. Principal Plac	e of Business	2a. Vialing Address			4. FEI Number			oplied For
2148 CONCH HOUSE LA		26	me		59-1784266			ot Applicable
Suite, Apt. #,		Suite Apt. #, et	G.	-	5. Certificate of Status Desired		,	Additional equired
City & State City & State					6. Election Campaign Financing	<u></u>	\$5.00	May Be
NAPLES FU [28]					Trust Fund Contribution	<u> </u>		to Fees
L <b>∦Y.7£.∧</b> ∉ Zm	Country	Zip	Coun	try	8. This corporation has liability for	intangible tax u	nder s	199.032
3394	12 25 COLLIER	29	30		1.00 (0.00 0.00 0.00 0.00 0.00 0.00 0.00	s 🔲 No		
1 11	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New I	Registered Ag	ent	
			[4	Name				
HODGES, EARL G.				82 Street Address (P.O. Box Number is Not Acceptable)				
2140 COACH HOUSE LANE NAPLES FL 33942			1'	Stilled Address (1.55. Co.) To the state of				
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HAT LLO	L 0001E			, \			OE 7	Code
			-	B4 City		FL	<b>85</b> Zip	Code
			Not deput by obs	L	ation submits this statement for the pure of directors. Thereby accept the app	iroose of chanc	ina its re	egistered offic
or registere tamiliar with	id agent, or both, in the State of Fiore i, and accept the obligations of, Sect	ion 607.0505, Florida St	atutes.	Spot signature region		D&U	-	
	Signature, types to printed name of registered agent OFFICERS AN		13.	Transfer of the second	ADDITIONS/CHANGES TO OF	FICERS AND D	IRECTO	RS IN 12
2.	TP	T DELFT		TF T			Change	Addition
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IHEET ADDRESS	NAPLES FL							
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IREF1 ADDRESS	NAPLES FL			RELI ADURESS	APLES FL. 3	3942		
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STREET ADDRESS OUTY ST-ZES THEE NAME STREET ADDRESS OUTY-ST-ZES			62 N 63 S	AME TREET ADDRESS	for the exemption stated in Section 1 rate and that my signature shall have t	_		

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. 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 cath: 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: