SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

CR2E034 (3/96)

DOCUMENT # 831286 (0)

1. Corporation Name

NVF COMPANY

Principal Place of Business	Mailing Address
6917 COLLINS AVE MIAMI BEACH FL 33141	6917 COLLINS AVE SUITE 1615 MIAMI BEACH FL 33141 US

2. Principal Place of Business	2a. Mailing Address
21 1166 YorKlyn Road	26 1166 YorKlyn Road
Suite, Apt # etc: 22 ~~YorKlyn Delaware~~	Suite, Apt #, etc: 27 ———
City & State: 23 YorKlyn Delaware	City & State: 28 YorKlyn, Delaware
Zip: 24 19736 Country: 25 USA	Zip: 29 19736 Country: 30 USA

3. Date Incorporated or Qualified: **11/19/1973**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **51-0035270** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$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 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☑ DELETE
NAME	BELTZHOOVER, RICHARD	
STREET ADDRESS	6917 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	☑ DELETE
NAME	ROBINSON, DR. WILLIE C.	
STREET ADDRESS	6917 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	☑ DELETE
NAME	THOMPSON, THOMAS	
STREET ADDRESS	6917 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	☑ DELETE
NAME	DEL FABRO, KI	
STREET ADDRESS	6917 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	T	☑ DELETE
NAME	FLACK, ROBERT W.	
STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	D	☑ DELETE
NAME	POSNER, BERNARD I.	
STREET ADDRESS	6917 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, President CEO & COO	☐ Change ☑ Addition
1.2 NAME	John J. McNaboe	
1.3 STREET ADDRESS	1166 YorKlyn Road	
1.4 CITY-ST-ZIP	YorKlyn, De 19736	
2.1 TITLE	D, Chairman	☐ Change ☑ Addition
2.2 NAME	Melvin R. Colvin	
2.3 STREET ADDRESS	6917 Collins Ave	
2.4 CITY-ST-ZIP	Miami Beach, Fl 33141	
3.1 TITLE	Director	☐ Change ☑ Addition
3.2 NAME	Brenda C. Castellano	
3.3 STREET ADDRESS	6917 Collins Ave	
3.4 CITY-ST-ZIP	Miami Beach, Fl 33141	
4.1 TITLE	CFO	☐ Change ☑ Addition
4.2 NAME	Donald G. Slesinski	
4.3 STREET ADDRESS	1166 YorKlyn Road	
4.4 CITY-ST-ZIP	YorKlyn, De 19736	
5.1 TITLE	Secretary	☐ Change ☑ Addition
5.2 NAME	William J. Campbell	
5.3 STREET ADDRESS	1166 YorKlyn Road	
5.4 CITY-ST-ZIP	YorKlyn, D. 19736	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald G. Slesinski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #