SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Oct 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # 831286 (0)

1. Corporation Name
NVF COMPANY

[redacted]

Principal Place of Business	Mailing Address
1166 YORKLYN ROAD YORKLYN DE 19736 US	1166 YORKLYN ROAD SUITE 1615 YORKLYN DE 19736 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1973

2. Principal Place of Business	2a. Mailing Address
21	26 1166 YORKLYN RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 —
City & State 23	City & State 28 YORKLYN DE
Zip 24 / Country 25	Zip 29 19736 / Country 30 US

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	OP	☒ DELETE	1.1 TITLE	P/D/C	☐ Change ☑ Addition
NAME	MCNABOE, JOHN J		1.2 NAME	VICTOR POSNER	
STREET ADDRESS	1166 YORKLYN RD.		1.3 STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	YORKLYN DE		1.4 CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DC	☐ DELETE	2.1 TITLE	D/[redacted]/EXEC VP	☑ Change ☐ Addition
NAME	COLVIN, MELVIN R.		2.2 NAME		
STREET ADDRESS	6917 COLLINS AVE.		2.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	D/VC/EXEC VP	☑ Change ☐ Addition
NAME	CASTELLANO, BRENDA C.		3.2 NAME		
STREET ADDRESS	6917 COLLINS AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		3.4 CITY-ST-ZIP		
TITLE	CFO	☒ DELETE	4.1 TITLE	~~COO/V~~	☐ Change ☑ Addition
NAME	SLESINSKI, DONALD G.		4.2 NAME	~~WILLIAM KOLES~~	
STREET ADDRESS	1166 YOLKLYN RD.		4.3 STREET ADDRESS	~~1166 YORKLYN RD~~	
CITY-ST-ZIP	YORKLYN DE		4.4 CITY-ST-ZIP	~~YORKLYN DE~~	
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, WILLIAM J.		5.2 NAME	500002662985	
STREET ADDRESS	1166 YORKLYN RD.		5.3 STREET ADDRESS	-10/13/98--01068--045	
CITY-ST-ZIP	YORKLYN DE		5.4 CITY-ST-ZIP	***550.00	
TITLE		☐ DELETE	6.1 TITLE	T	☐ Change ☑ Addition
NAME			6.2 NAME	ROBERT W. FLACK	DE 10-13
STREET ADDRESS			6.3 STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	MIAMI BEACH FL	

14. I 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: R.W. Flack R.W. FLACK 9/30/98 305-866-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #