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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra BaMortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # F93000004942 (9)

NVC, INC.

Mar 17 1997 8:00am Secretary of State



Principal Plac 371 E STRAWE MILL VALLEY (US 2. Principal P	ling Address E STRWBERRY DR VALLEY CA 94941-2. Mailing Address	M1-2577			3. Date Incorporated or Qualified 11/02/1993 01/24/1996 4. FEI Number Applied For Not Applieable						
Suite, Apt.	#, etc.	26	Suite, Apt. #, etc.				Cortificate of Status Desired			Additional	
22		27					6. Certificate of Status Desired		··· ·· · ·	Required	_
City & State	θ	<u>├</u> ─┐	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Bø Added to Fees				ı	
Zip Country							8. This corporation has liability for intangible tak under s. 199.032,			-	
24	25			30			Florida Statutes Yes No				
	9. Name and Address of Curre	nt Registe	red Agent			,	10. Name and Address of New Re	gistered	Agent		
THE	PRENTICE-HALL CORPORATIO	N SYSTE	M, INC.	•	B1	Name					
SUITE 105				ļ.	B2	Street Add	ess (P.O. Box Number is Not Acceptable)				
	NORTH MAGNOLIA DRIVE			-	В3	,					
IALI	LAHASSEE FL 32301			Ľ	55						
				1	84	City		FL	85 Z	p Code	
office or r agent. I a SIGNATURE	egistered agont, or both, in the State in familiar with, and accopt the oblig Signature, typod or printed name of registered ag	e of Florida pations of, and tilked	i. Such change was Section 607.0505, FI applicable. (NO	authorized Iorida Statu 11.: Registered	by tes	the corpora	poration submits this statement for the place it is board of directors. I hereby accepted when reinstating	OATE	ointment	as registered	1
12.	OFFICERS AN	1D DIRECT		13.	_		ADDITIONS/CHANGES TO OFFIC	ERS AND			{2}
TITLE NAME	PD Hieshima, grant b		☐ DELE1E	1.1 TITU 1.2 NAN		1			Change	e [] Addilio	" [
STREET ADORESS	371 E. STRAWBERRY DRIVE					ADDRESS					18
CITY-ST-ZIP	MILL VALLEY CA 94941			1.4 CH		1					
TITLE			DELETE	21101					☐ Change	e 🔲 Additio	ո Շ
NAME				5.5 MVV	AE.						
STREET ADDRESS						ADDRESS					Ì
CITY-ST-ZIP TITLE			DELETE	2. 4 CIT 3.1 3(TL		51 · ZIP			Change	e Additio	_
NAME			L. OLECT	3.2 NAM					- Sharik	LINGULO	"
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				3.4. CIT	Y-S	SI - ZIP					
TITLE			☐ DELETE	4.1 1111	.F				Chango	e 🔲 Additio	n
NAME				4. 2 NAI	ME						
STREET ADDRESS	,					ADDRESS					
CITY-ST-ZIP TITLE			DELETE	4.4 CITY		T- ZIP			Change	Additio	\exists
NAME			E peccie	5.1 T/TL 5.2 NAN					L) Unally:	יסוווטא ב	` }
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				5.4 City		j j					
TITLE			DELETE	61 1m					Change	Addition	7
NAME	eger te tr en sit			6 2 NAN			90000211 -03/17/970119	556	39		
STREET ADDRESS	: 					ADDRESS	-03/17/970119	600)3		
CITY-ST-ZIP				6.4 CITY	r - \$1	T - 71P	***200.00			ı	

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 a man 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 na appears in Block 12 or Block 13 if changed, or or an attachment with an address.