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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90183 043 ***150.00

1. Corporation							
NOVA BO	OOKS, INC.						
Principal Place	e of Business	Mailing Address				OLDIL BUDAL BUSIL B	IL aii bisi i l ba i
3301 COLLEGE		P.O. BOX 290670					
ROSENTHAL STUDENT CTR. FT. LAUDERDALE FL 33329					DO NOT MOITE IN THE	C CDACE	
FT. LAUDERDALE FL 33314 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
US					09/25/1985		
Principal Place of Business 2a. Mailing Address					4. FEI Number	- An	plied For
21 26 26					59-2590092	<u> </u>	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75	
22					5. Certificate of Status Desired	Fee Re	equired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip Country			8. This corporation owes the current year for		
24	25		30		Personal Property Tax. 10, Name and Address of New Registered		□No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	1 Agent	
KRAI	MER & ZUCKERMAN, P.A.						
4000 HOLLYWOOD BOULEVARD				Street Ad	Idress (P.O. Box Number is Not Acceptable)		
SUITE 485 SOUTH			83		रक्षात्रिकार स्थान समित्र विकास	46. 1	o 5, 45 to
HOLLYWOOD FL 33021						- 1 45 jili	<u> </u>
			84	City	F1	. 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		,			•		_
SIGNATORE	Signature, typed or printed name of registered agent		Registered Agen	t signature requ	ired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO ☐ Change	RS IN 12
TITLE			1.1 TITLE			□ Ontarige	
NAME			1.2 NAME				
STREET ADDRESS			1.3 STREET				
CITY-ST-ZIP			1.4 CITY-S	1-ZIP		Change	☐ Addition
TITLE			2.1 IIILE 2.2 NAME				
NAME	2905 WINDMILL RANCH ROAD		2.3 STREET	TAROBESS			
STREET ADDRESS	FT. LAUDERDALE FL	حد و مساور	2.4 CITY-S	_ 1			
CITY-ST-ZIP			3.1 TITLE	11-21		☐ Change	☐ Addition
NAME		_	3.2 NAME				
STREET ADDRESS			3.3 STREET	TADDRESS			
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP	·		
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME		,	,	.
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME		,		
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S	1-ZIP		Change	Addition
TITLE			6.2 NAME			- Suange	, againer
NAME			6.3 STREE	TADORESS			
STREET ADDRESS			0.5 51 REE	, , 2011-000			

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 supplied ental 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 exporation or the eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE TED NAME OF SIGNING OFFICER OR DIRECTOR