

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

**APPROVED  
AND  
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05 JUN 20 PM 6:45

NOVA DEVELOPMENTAL CONCEPTS CORPORATION

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # K22173 (4)**  
1. Corporation Name  
**NOVA DEVELOPMENTAL CONCEPTS CORPORATION**

Principal Place of Business Mailing Address  
**105 HIDDEN COVE LANE  
PONTE VEDRA BEACH FL 32082**      **105 HIDDEN COVE LANE  
PONTE VEDRA BEACH FL 32082**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/29/1988**      3a. Date of Last Report **10/05/1994**  
4. FEI Number **NOT APPLICABLE**      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 (3)(2) Florida Statutes.  Yes  No

2. Principal Place of Business      2a. Mailing Address  
21 State, Apt. #, etc.      26 State, Apt. #, etc.  
22 City & State      27 City & State  
23 Zip      28 Zip  
24 Country      29 Country

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.05(2) and 607.10(8) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 607.05(2) Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:	
12-1 NAME 12-2 STREET ADDRESS 12-3 CITY, STATE, ZIP	PD DEGEN, GARY P 8623 FRANKFORT AVENUE PHILADELPHIA PA 19136	13-1 TITLE 13-2 NAME 13-3 STREET ADDRESS 13-4 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>400001546054</b> <b>-07/25/95-01125-011</b> <b>****225.00 ****225.00</b>
12-1 NAME 12-2 STREET ADDRESS 12-3 CITY, STATE, ZIP	D GREENE, MARK E 401 PARK STREET UPPER MONTCLAIR NJ 07043	13-1 TITLE 13-2 NAME 13-3 STREET ADDRESS 13-4 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-1 NAME 12-2 STREET ADDRESS 12-3 CITY, STATE, ZIP	D GREENE, CHRISTOPHER J 105 HIDDEN COVE LANE PONTE VEDRA BEACH FL 32082	13-1 TITLE 13-2 NAME 13-3 STREET ADDRESS 13-4 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-1 NAME 12-2 STREET ADDRESS 12-3 CITY, STATE, ZIP		13-1 TITLE 13-2 NAME 13-3 STREET ADDRESS 13-4 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-1 NAME 12-2 STREET ADDRESS 12-3 CITY, STATE, ZIP		13-1 TITLE 13-2 NAME 13-3 STREET ADDRESS 13-4 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-1 NAME 12-2 STREET ADDRESS 12-3 CITY, STATE, ZIP		13-1 TITLE 13-2 NAME 13-3 STREET ADDRESS 13-4 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-1 NAME 12-2 STREET ADDRESS 12-3 CITY, STATE, ZIP		13-1 TITLE 13-2 NAME 13-3 STREET ADDRESS 13-4 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-1 NAME 12-2 STREET ADDRESS 12-3 CITY, STATE, ZIP		13-1 TITLE 13-2 NAME 13-3 STREET ADDRESS 13-4 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199(2)(a), Florida Statutes. I further certify that the information supplied with this annual report or supplemented annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an amendment with an address.

SIGNATURE *Christopher J. Greene* **Christopher J. Greene** 7.10.95 904 353 2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR