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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K90618** (5)

1. Corporation Name
NMV-II, INC.

Principal Place of Business 2700 COLORADO AVE 8751 WEST BROWARD BLVD. SANTA MONICA CA 90404 US	Mailing Address 2700 COLORADO AVE 8751 WEST BROWARD BLVD. SANTA MONICA CA 90404 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/22/1989	3a. Date of Last Report 04/14/1994
4. FEI Number 95-4223494	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when constituting) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ANDERSONS, MARIS
STREET ADDRESS	2700 COLORADO AVE
CITY - ST - ZIP	SANTA MONICA CA 90404
TITLE	P
NAME	MAYEUX, DAVID R
STREET ADDRESS	2700 COLORADO AVE
CITY - ST - ZIP	SANTA MONICA CA
TITLE	SD
NAME	BROWN, SCOTT M.
STREET ADDRESS	2700 COLORADO AVE
CITY - ST - ZIP	SANTA MONICA CA 90404
TITLE	VT
NAME	MCMULLEN, TERENCE P.
STREET ADDRESS	2700 COLORADO AVE
CITY - ST - ZIP	SANTA MONICA CA
TITLE	VAS
NAME	MEYERS, JOHN
STREET ADDRESS	2700 COLORADO AVE
CITY - ST - ZIP	SANTA MONICA CA
TITLE	AT
NAME	LUEBKE, CHRISTINA
STREET ADDRESS	2700 COLORADO AVE
CITY - ST - ZIP	SANTA MONICA CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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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)(b), 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: Scott M. Brown 4/24/95 310/998-8000

 (Type) (Typed Name)

Scott M. Brown, Secretary and Director