

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED

95 JAN 29 PM 2:00

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**

3. Date Incorporated or Qualified: **05/22/1989**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **95-4223494**
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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81. Name: **800001708248**
82. Street Address (P.O. Box Number is Not Accepted): **02/06/96-01101-021
****200.00 ****200.00**
83. City: **FL**
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VP	<input type="checkbox"/> DELETE	1.1 TITLE: Senior Vice President and Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: ANDERSONS, MARIS		1.2 NAME	
STREET ADDRESS: 2700 COLORADO AVE		1.3 STREET ADDRESS	
CITY - ST - ZIP: SANTA MONICA CA 90404		1.4 CITY - ST - ZIP	
TITLE: P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MAYEUX, DAVID R		2.2 NAME: Michael H. Focht, Sr.	
STREET ADDRESS: 2700 COLORADO AVE		2.3 STREET ADDRESS: 2700 Colorado Avenue	
CITY - ST - ZIP: SANTA MONICA CA		2.4 CITY - ST - ZIP: Santa Monica, CA 90404	
TITLE: SD	<input type="checkbox"/> DELETE	3.1 TITLE: Senior Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BROWN, SCOTT M.		3.2 NAME	
STREET ADDRESS: 2700 COLORADO AVE		3.3 STREET ADDRESS	
CITY - ST - ZIP: SANTA MONICA CA 90404		3.4 CITY - ST - ZIP	
TITLE: VP	<input type="checkbox"/> DELETE	4.1 TITLE: Vice President and Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MCMULLEN, TERENCE P.		4.2 NAME	
STREET ADDRESS: 2700 COLORADO AVE		4.3 STREET ADDRESS	
CITY - ST - ZIP: SANTA MONICA CA		4.4 CITY - ST - ZIP	
TITLE: VAS	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MEYERS, JOHN		5.2 NAME	
STREET ADDRESS: 2700 COLORADO AVE		5.3 STREET ADDRESS	
CITY - ST - ZIP: SANTA MONICA CA		5.4 CITY - ST - ZIP	
TITLE: AT	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LUEBKE, CHRISTINA		6.2 NAME	
STREET ADDRESS: 2700 COLORADO AVE		6.3 STREET ADDRESS	
CITY - ST - ZIP: SANTA MONICA CA		6.4 CITY - ST - ZIP	

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)(k), 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: *Sandra M. Morham* 1/24/96 (310)998-8427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)