

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P25694** (1)
1. Corporation Name
NOVA TECHNOLOGY SERVICES, INC.



Principal Place of Business
**P.O. BOX 514
7509 CONNELLEY DRIVE, SUITE I-J
HANOVER MD 21076-1664**

Mailing Address
**P.O. BOX 514
7509 CONNELLEY DRIVE, SUITE I-J
HANOVER MD 21076-1664**

3. Date Incorporated or Qualified
08/17/1989

3a. Date of Last Report
04/25/1995

2. Principal Place of Business
21 **8580 B Dorsey Run Rd**
Suite, Apt. #, etc.
22
City & State
23 **Jessup Maryland**
Zip Country
24 **20794** 25 **Howard**
26 **P.O. Box 658**
Suite, Apt. #, etc.
27
City & State
28 **Jessup Maryland**
Zip Country
29 **20794** 30 **Howard**

4. FEI Number
52-1635066

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. 199.032,
Florida Statutes ☐ Yes ☒ No

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	VAN LUNEN, RICHARD	
STREET ADDRESS	8580 DORSEY RUN RD	
CITY - ST - ZIP	JESSUP MD	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	NOVAK, JOHN G	
STREET ADDRESS	7509 CONNELLEY DR STE. I	
CITY - ST - ZIP	HANOVER MD	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FEDDER, JEAN	
STREET ADDRESS	7509 CONNELLEY DR STE. I	
CITY - ST - ZIP	HANOVER MD	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	8580 B Dorsey Run Rd
2.4 CITY - ST - ZIP	Jessup MD 20794
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	8580 B Dorsey Run Rd
3.4 CITY - ST - ZIP	Jessup MD 20794
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	

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: **Jean Fedder** **Jean Fedder** **4/29/96** **(410) 880-3008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)