SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 8:43

DOCUMENT # **P93000035719 (2)**

1. Corporation Name

NVR OF FT. LAUDERDALE, INC.

Principal Place of Business	Mailing Address
1111 N FEDERAL HWY FT LAUDERDALE FL 33304	1111 N FEDERAL HWY FT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1993
3a. Date of Last Report: 08/04/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: 65-0413833 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Certified Copy (Optional) ☐ — $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

ROTUNNO, NICHOLAS J
8600 NW 38TH ST #198
SUNRISE FL 33353

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) (Date) (Registered Agent signature required when mandatory) (Date)

12. OFFICERS AND DIRECTORS		13.		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	ROTUNNO, NICHOLAS J	12 NAME	ROTUNNO, Nicholas J	
STREET ADDRESS	8600 NW 38TH ST #198	13 STREET ADDRESS	1940 NE 56 ST	
CITY ST ZIP	SUNRISE FL 33353	14 CITY ST ZIP	Ft LAUDERDALE, FL 33304	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	ROTUNNO, KIMBERLYN M	22 NAME	ROTUNNO, Kimberlyn M	
STREET ADDRESS	8600 NW 38TH ST #198	23 STREET ADDRESS	1940 NE 56 ST	
CITY ST ZIP	SUNRISE FL 33353	24 CITY ST ZIP	Ft. LAUDERDALE, FL 33304	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(i), 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: _____ Kimberlyn M. Rotunno 7/19/95 305-537-5510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0000361 CP