

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 1:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000000332 (4)

1. Corporation Name

NOVA INDUSTRIES, INC.

Principal Place of Business

**314 STIRRUP KEY BLVD.
MARATHON FL 33050**

Mailing Address

**314 STIRRUP KEY BLVD.
MARATHON FL 33050**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1994

3a. Date of Last Report

2. Principal Place of Business

21 106 92 OVERSEAS HWY.

Suite, Apt. #, etc.

2a. Mailing Address

26 106 92 OVERSEAS HWY.

Suite, Apt. #, etc.

4. FEI Number

591-18-3895

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S 199.032,
Florida Statutes ☐ Yes ☒ No

22

City & State

23 MARATHON, FLORIDA

Zip

24 33050

Country

25 MONROE

27

City & State

28 MARATHON, FLA.

Zip

29 33050

Country

30 MONROE

9. Name and Address of Current Registered Agent

**TURNER, OTHIEL
3741 WEST BROWARD BLVD.
STE. 201
FORT LAUDERDALE FL 33312**

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PVST
NAME KOPP, KENNETH
STREET ADDRESS 314 STIRRUP KEY BLVD.
CITY- ST- ZIP MARATHON FL 33050**

**TITLE D
NAME KOPP, KENNETH
STREET ADDRESS 314 STIRRUP KEY BLVD.
CITY- ST- ZIP MARATHON FL 33050**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

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CITY- ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 110.07(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:

Kenneth B. Kopp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-95

(305)

743-2219

Date

Telephone Number