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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996							
DOCUMENT  1. Corporation Name	#						

P9400000332 (4)

NOVA	INDUSTRIES, INC.									
Principal Place o	Mailing Address 10692 OVERSEAS	Address S92 OVERSEAS HWY.				1 18011801 110 18111 B1011 B0111 U	DIJI DGILE DDIL	J <b>VV</b> JII <b>V V</b> IJ <b>A</b> 31	188 MAN 1181 (881	
MARATHON FL 33050		MARATHON FL 33 US	MARATHON FL 33050			•				
US		US					<ol> <li>Date Incorporated or Qualified 01/03/1994</li> </ol>	3a. Dat	te of Last Re 04/19/19	
2. Principal Plac	ce of Business	2a. Mailing Address					4, FEI Number 59-1183895	.1	J	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required
City & State		Crty & State					<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>			0 May Be d to Fees
Zip 24	Country 25	Zip <b>29</b>	Coun	try			8. This corporation has liability for Florida Statutes  Yes	s 🗹 No		199.032,
	g. Name and Address of Curren	t Registered Agent					10. Name and Address of New	Registered	Agent	
			1	B1	Name	9				
	r, othel		Ī	B2	Street	t Address	(P.O. Box Number is Not Accepta	ble)		
	VEST BROWARD BLVD.			83						
STE. 20	JI AUDERDALE FL 33312			03						
FUR! I	AUDERDALE FL 33312		1	B4	City			FL	<b>85</b> Zip	o Code
or registers	o the provisions of Sections 607.0502 ad agent, or both, in the State of Floric n, and accept the obligations of, Secti	da. Quich changa was aidha	rized by the co	e-n Orpo	arned or oration's	corporations board c	on submits this statement for the pu of directors. I hereby accept the app	irpose of ch nointment a	nanging its re is registered	egistered office agent Tam
SIGNATURE _	Signature, typed or printed name of registered agent	and title if anylicable	(NOTe: Bug stered A	Agiont	t signature i	request wh	en recistating)	DATÉ		**
12.	OFFICERS AND		13.	·			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	PVST	DELETE	1 1 11	LF					Change	Addition
NAME	KOPP, KENNETH		1.2 NAM	1.2 NAME		1				
STREET ADDRESS	314 STIRRUP KEY BLVD.		1.3 STR	ADDRESS	i					
CITY - ST - ZIP	MARATHON FL 33050			1.4 CITY - \$1 - 7:P			, p.,		Change	Addition
TITLE	_			2 1 115LE					☐ Gliange	
NAME	KOPP, KENNETH 314 STIRRUP KEY BLVD.		2.2 NAF		1000000					
STREET ADDRESS	MARATHON FL 33050		24 017		ADDRESS	,				
CITY-ST-ZIP	MAINTINITE SOCO	☐ DELETE	3 1 UI		1-21-				Change	Addition
NAME			3 2 NAI							
STREET ADDRESS					ADDRESS	s				
CITY-ST-ZIP			3.4 CIT	Y - S'	1 - ZIP					
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NAME			4.2 NAI	ME						. 1
STREET ADDRESS			4 3 STF	KEE T	ADDRESS	3				
CITY-ST-ZIP			4.4 CIT	Y-5	T- <b>Z</b> IP					
TITLE		☐ DELETE	5. 1 TiT						☐ Change	Addition
NAME			5 2 NA							
STREET ADDRESS					ADDRESS	5				
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TITLE		DELETE	6 1 111						☐ Change	Addition
NAME			6.2 NA		ADDDS (12					!
STREET ADDRESS					ADDRESS	`				J
CiTY-ST-ZIP 14. I do hereb	y certify that the information supplied	with this filing is voluntarily f	64CII furnished and c	1069 1000	s not qu	ualify for	he exemption stated in Section 11	9.07(3)(k), F	lorida Statul	tes. I further

restriction 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 early 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: Konnett B. Kopp.

SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-96 (305) 743-2219