FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998 **DOCUMENT #**

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000000332 (4)

FILED Feb 09 1998 8:00am Secretary of State

NOVA	NINDUSTRIES, INC.	•	•		
Principal Plac	e of Business	Mailing Address			0111 00160 111 00 41116 11 0 6 1 00 1
10692 OVERSEAS HWY 10692 OVERSEAS HWY MARATHON FL 33050 MARATHON FL 33050 US US				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 01/03/1994	
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-1183895	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	- Zip	Country	8. This corporation owes or has paid the cu	
24	25	29	30		Yes No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered	Agent
	URNER, OTHEL				
	741 WEST BROWARD BLVD. STE, 201		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	ORT LAUDERDALE FL 33312		83		
'	ON LAUDENDAGE IE 00012			,	11
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statu	ites, the above named corp	poration submits this statement for the purpose o tion's board of directors. I hereby accept the app	changing its registered
office or a	registered agent, or both, in the State im familiar with, and accept the obliga	of Horida. Such change was ations of, Section 607.0505, F	authorized by the corporat Iorida Statutes.	tion's board of directors. I hereby accept the app	oointment as registered
SIGNATURE					
	Signature, typed or printed name of registered age		TE Hogistored Agent signature requir		DIDECTORS IN 10
12.	OFFICERS AND PVST	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND TO THE PROPERTY OF THE PROPE	Change Addition
NAME	KOPP, KENNETH	Al becele	1.2 NAME	ann TAMES T. JR.	pro Citation
STREET ADDRESS	314 STIRRUP KEY BLVD.		1.3 STREET ADDRESS	A CTIONING KEN RIVD.	
CITY-ST-ZIP	MARATHON FL 33050		1.4 CITY-ST-ZIP	opp, James T. Jr. 14 S <i>Tir</i> aup Key BLVD. Arathon, Fia. 33050	
TITLE	D	DELETE	2.1 TITLE	INTITION / THE SOUR	☐ Change ☐ Addition
NAME	Kopp, Kenneth		2.2 NAME		
STREET ADDRESS	314 STIRRUP KEY BLVD.		2.3 STREET ADDRESS		İ
CITY-\$T-ZIP	MARATHON FL 33050		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY - \$1 - 2IP 4.1 TITLE	4.0.4.	Change Addition
NAME		tal section	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
t					
NAME			6.2 NAME		
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report or supplemental annual roport 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.

Kan TAMEST TO 2-1-98

(205) 742-2219