

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 # **P94000076884**
1. Corporation Name

Novel Ideas Inc.

Principal Place of Business

Mailing Address

**4177 Seton Circle
Palm Harbor FL 34683**

200001840122

-05/28/96--01019--007

*****400.00**

2. Principal Place of Business

2a. Mailing Address

21 **4177 Seton Circle**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
Palm Harbor FL

27 City & State
Palm Harbor FL

23 Zip
34683

Country
USA

28 Zip
34683

Country
USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Robert Demarco CPA
3440 East Lake Rd
Palm Harbor FL 34685**

81 Name
Robert De Marco CPA
82 Street Address (P.O. Box Number is Not Acceptable)
3440 East Lake Rd
83 **Palm Harbor**
84 City
FL 85 Zip Code
34685

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE **Joyce Perina**

5-1-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME **Joyce Perina** ☐ DELETE
STREET ADDRESS
CITY - ST - ZIP
**Pres. 4177 Seton Circle
Palm Harbor FL 34683**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
John A PERINE ☒ Change ☒ Addition
**Vice Pres.
4177 Seton Circle Palm Harbor FL 34683**

TITLE
NAME **Joyce Perina** ☐ DELETE
STREET ADDRESS
CITY - ST - ZIP
**Vis. Change
Same**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME **Joyce Perina** ☐ DELETE
STREET ADDRESS
CITY - ST - ZIP
Sec Same

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME **Joyce Perina** ☐ DELETE
STREET ADDRESS
CITY - ST - ZIP
Treas

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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 637, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **John Perine - Vice Pres**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96

Date

Daytime Phone #

CR2E034 (12/95)