FILED

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90095 049 ***150.00

Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

Zip Code

☐ Yes

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500031939

1. Corporation	NOVATIONS, INC.	33307333				I S I 1181	
Principal Place		Mailing Address					
1230 NW 13 CT FT LAUDERDALE FL 33311		1230 NW 13 CT FT LAUDERDALE FL 33311					
FI LAUDERDALI	E FL 33311	FI CAUDENDALE PE 33311			DO NOT WRITE IN THIS S	PAC	
					3. Date Incorporated or Qualifed 04/20/1995		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		
21		26			65-0569712		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		~	5. Certifcate of Status Desired	\$8. F	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5 A	
Zip	Country 25	Zip 29	Country 30	'	This corporation owes the current year Inter Personal Property Tax.	ngible ∐Ye	
	9. Name and Address of Co	rrent Registered Agent			10. Name and Address of New Registered A	gent	
WAR	ner, david jr.		81	Name			
1230 NW 13 CT				2 Street Address (P.O. Box Number is Not Acceptable)			
FT U	AUDERDALE FL 33311		83				
			84	City	FL	85	

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.

ayent, ra	in familia, with, and accept the congations of, cool		2 010101001				
SIGNATURE	Signature, typed or printed name of registered agent and title if applic	nbla (NOTE: Ri	egistered Agent signature requir	red when reinstating)	DATE		
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	СР	DELETE	1.1 TITLE		☐ Change	☐ Addition	
NAME	WARNER, DAVID JR.		1.2 NAME				
STREET ADDRESS	4000 LUM 40 OT		1.3 STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33311		1.4 CITY-ST-ZIP				
TITLE .	VD	☐ DELETE	2.1 TITLE		Change	Addition	
NAME	WARNER, SANDRA L.		2.2 NAME				
STREET ADDRESS	4000 MM 40TH OT		2.3 STREET ADDRESS				
	FT LAUDERDALE FL 33311		2. 4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	TT EAGDENDACE TE GOOTT	DELETE	3.1 TITLE		Change	☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
			3.4. CITY-ST-ZIP				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		Change	Addition	
		□ осесте	4. 2 NAME		_ ,	_	
NAME			4 .				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		☐ Change	Addition	
TITLE ,			5.1 TITLE 5.2 NAME				
NAME			5.3 STREET ADDRESS	·			
STREET ADDRESS							
CITY-ST-ZIP		- DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change	Addition	
TITLE		DELETE			□ Change	C: Addition	
NAME			6.2 NAME				
STREET ADDRESS) 		6.3 STREET ADDRESS				
i -			C A CITY OF TIP				

14. 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 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 changes, or on an attentiment with an address, with all other like empowered.

SIGNATURE: