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PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000032514 (8)

NOVA OF TALLAHASSEE, INC.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address U.S. HIGHWAY 27 NORTH P.O. BOX 2512 RT 4 BOX 2090 RT 4 BOX 2090 HAVANA FL 32333 DO NOT WRITE IN THIS SPACE HAVANA FL 32333 3. Date Incorporated or Qualified 04/26/1995 2. Principal Place of Business 2a. Mailing Address 59-3308980 Applied For 26 P.O. BOX APPLIED FOR 21 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Cortificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be HAVANA \Box 23 Trust Fund Contribution Added to Fees Country Zιρ Country 8. This corporation owes or has paid the current year Intangible LEON Yes Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ALLEN, ELKE K SUE D. VY U.S. HIGHWAY 27 NORTH R2 RT 4 BOX 2090 R3 HAVANA FL 32333 5073 Glagstone Zip Code 32303 84 Havawa Tallahass*ee* 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Stalutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, 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 obligibilities of Spation 607.0505, Florida Statutes. (NOTE Registered Agent a gnature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 DILE Change SMITH, LOMAX 1.2 NAME NAME 5073 FLAGSTONE CT RT 4 BOX 2090 1.3 STREET ADDRESS STREET ADDRESS HAVANA FL 32333 TALLAHASSEE, FL CITY - ST - ZIP 1,4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE PEAVY, M D III 2.2 NAME 06/30/38--01064--002 NAME RT 4 BOX 2090 2.3 STREET ADDRESS STREET ADDRESS ****150.00 ****150.00 HAVANA FL 32333 CITY-ST-ZIP 2 4 CITY-ST-ZIP DETETE Change TITLE 3.1 TITLE 57 ROSS, SUE SMITH, SUE D. 5073 FLAGSTONE CT. NAME 3.2 NAME RT4 BOX 2090 STREET ADDRESS 3.3 STREET ADDRESS HAVANA FL 32333 <u> 3</u>2303 TALLAHASSEE, FL CITY-S1-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME ALLEN, ELKE 4.2 NAME STREET ADDRESS 1431 JEFFREY RD. 4.3 STREET ADDRESS TALLAHASSEE FL 32333 CITY-\$1-ZIP 4.4 CITY-ST-ZIP DELFTE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7/P DELETE Change Addition 61 HILE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 20P 6.4 CITY-ST-ZIP 14. Thereby 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 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 or officer or director of the corporation or the receiver or truestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Block 12 or Block 13 if changed, or out an attachment with an address.

CICNIATI IDE:

545-6230





June 3, 1998

Division of Corporations P. O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

I spoke to your office today and explained that the annual report for our corporation was sent to the wrong address. I was told to send a note along with the return and that the fee would only be \$150.00. I have corrected the address and the registered agent information on the return. Elke Allen is no longer with the company that the return was sent to so the form was not forwarded to us. Mrs. Allen dropped by the office and was given the return, she then brought it to me yesterday and I am filing it as of today.

Sincerely.

Sue D. Smith, Controller