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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600002213 (2)

NOVA TIME COMPANY, INC.

Mailing Address Principal Place of Business 8221 WEST GLADES ROAD **8221 WEST GLADES ROAD BOCA RATON FL 33434-4072 BOCA RATON FL 33434** 3. Date Incorporated or Qualified 3a. Date of Last Report 01/02/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zio Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WALSER, THOMAS C ESQ Yale Z Goldberg
Street Address (P.O. Box Number is Not Acceptable) 7015 BERACASA WAY #201 82 BOCA RATON FL 33433 9668 Triton Court 83 Zip Code 33434 84 City <u>Boca Raton</u> 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 fair fligt with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUR e of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. □ DELETE 1.1 TITLE Change X Addition BAILEY, GLEN Yale Z Goldberg NAME 12 NAME 9668 Triton Court 1101 S Rogers Circle, #12 1.3 STREET ADDRESS STREET ADDRESS BOCA RATON FL 39484X096* CHTY - ST - ZIP 1.4 CITY-ST-ZIP Boca Raton, FL 33434 DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST - 7IP ☐ DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CiTY-ST-ZIP City-St-7-P DELETE Addition 5.1 TITLE THLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

appears in Block 12 or Blo

CITY-ST-7IP

TURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 if changed, or on an attachment with an address.

14. To 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 undicated 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

FILED

Mar 17 1997 8:00am

Secretary of State