


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

FILED  
Jan 20, 1999 8:00am  
Secretary of State

01-20-1999 90004 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000016884			
1. Corporation Name NOVA/USA, INC.			
Principal Place of Business 2816 W DUNNELLON RD DUNNELLON FL 34433 US		Mailing Address POST OFFICE BOX 1330 DUNNELLON FL 34430	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
85 Zip Code			
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.			
SIGNATURE _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	PD	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	FINEOUT, DONALD C	1.1 TITLE	
STREET ADDRESS	PO BOX 1330 (N/A)	1.2 NAME	
CITY-ST-ZIP	DUNNELLON FL 34430	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	FINEOUT, MARIA B	2.2 NAME	
STREET ADDRESS	PO BOX 1330 (N/A)	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL 34430	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	MUENICH, JAMES	3.2 NAME	
STREET ADDRESS	2700 HIGHLAND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45212	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)