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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000016884

NOVA/USA, INC.

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

01-20-1999 90004 026 ***150.00



| Principal Place of Business Mailing Address | | | | | | - I HOBILOON LEE ENTIN BYINT BAITEL DOELL ÁUINT LÁ | ST LIETE SHIPT ISTUS H | PH B ibl (Bb) |
|---|--|-------------------------|------------------------|--|---|---|------------------------|----------------------|
| 2816 W DUNNELLON RD POST OFFICE BOX 1330 | | | | | | | | |
| DUNNELLON FL 34433 DUNNELLON FL 34430 | | | | | • | DO NOT WRITE IN TH | IS SPACE | |
| US | | | | | | 3. Date Incorporated or Qualifed | 13 STACE | |
| | | | • | | | 02/23/1996 | | (|
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | Appl | ied For |
| 21 | | 26 | • | | | 59-3360907 | | Applicable |
| Suite, Apt. | #, etc. | | Apt. #, etc. | | ······································ | | \$8.75 Ad | |
| 22 | | 27 | | | | 5. Certifcate of Status Desired | Fee Req | uired |
| City & Stat | 9 | City 8 | State | | | 6. Election Campaign Financing | \$5.00 M | lay Be |
| 23 | | 28 | | | • | Trust Fund Contribution | Added to | Fees |
| Zip | | | | Country | • | 8. This corporation owes the current year I | | ١ |
| 24 25 29 30 | | | | L | | Personal Property Tax. | |]No |
| | 9. Name and Address of Current | | Ngent | 81 | Name | 10. Name and Address of New Registere | a Agent | |
| AMERILAWYER CHARTERED | | | <u> </u> | rianic | | | | |
| 343 ALMERIA AVENUE | | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | Ì |
| CORAL GABLES FL 33134 | | | 83 | | | 4 | (1.31% (4.5) | |
| | | | | | | | | |
| | | | | 84 | City | F | 85 Zip Co | |
| 11. Pursuant | to the provisions of Sections 607.0502 | 2 and 607.150 | B. Florida Statutes, t | the above | e-named corpo | pration submits this statement for the purpose in's board of directors. I hereby accept the app | of changing its re | gistered |
| | egistered agent, or both, in the State of m familiar with, and accept the obligation | | | | | n's board of directors. I hereby accept the app | ointment as regi | stered |
| | m ramiliar with, and accept the obligati | ions or, secut | 11 007.0505, Florida | Statutes | • | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | t and title if applicab | e. (NOTE: Reg | istered Agen | nt signature required | when reinstating) , DATE | | |
| 12. | OFFICERS ANI | D DIRECTOR | 3 | 13. | | ADDITIONS/CHANGES TO OFFICERS A | AND DIRECTOR | S IN 12 |
| TITLE | PD | | ☐ DELETE | 1.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | FINEOUT, DONALD C | | | 1.2 NAME | | | | |
| STREET ADORESS | PO BOX 1330 (N/A) | | | 1.3 STREET | TADDRESS | | | |
| CITY-ST-ZIP | DUNNELLON FL 34430 | | | 1.4 CITY- S | T-ZIP | | | |
| TITLE | VD | | ☐ DELETE | 2.1 TITLE | | | Change | ☐ Addition |
| NAME | FINEOUT, MARIA B | | | 2.2 NAME | | | | |
| STREET ADDRESS | PO BOX 1330 (N/A) | | | 2.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | DUNNELLON FL 34430 | * * * | □ perete | 2. 4 CITY-S | iT-ZIP | | (7) 01 | Addition |
| TITLE AND | STD | | □ DELETE | 3.1 TITLE | | | | ☐ Addition |
| NAME: | MUENICH, JAMES | | | | | | Change | |
| STREET ADDRESS | | | | 3.2 NAME | | | ∟ Change | |
| 1, 3, 4, | 2700 HIGHLAND AVE | | | 3.3 STREET | | | ∐ Change | |
| CITY-ST-ZIP | | | (T) DELETE | 3.3 STREET 3.4. CITY- S | | | | Addition |
| CITY-ST-ZIP | 2700 HIGHLAND AVE | | ☐ DELETE | 3.3 STREET 3.4. CITY- S 4.1 TITLE | | | ☐ Change | Addition |
| CITY-ST-ZIP TITLE NAME | 2700 HIGHLAND AVE | | () DELETE | 3.3 STREET 3.4. CITY- S 4.1 TITLE 4. 2 NAME | T-ZIP | | | Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | 2700 HIGHLAND AVE | | ☐ DELETE | 3.3 STREET 3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET | T-ZIP | | | Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2700 HIGHLAND AVE | | | 3.3 STREET 3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-SI | T-ZIP | | | Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | 2700 HIGHLAND AVE | | | 3.3 STREET 3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET | T-ZIP | | ☐ Change 2. 5a | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | 2700 HIGHLAND AVE CINCINATTI OH 45212 | | | 3.3 STREET 3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-S1 5.1 TITLE | T-ZIP TADDRESS T-ZIP | | ☐ Change 2. 5a | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | 2700 HIGHLAND AVE | | | 3.3 STREET 3.4. CITY- S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY- S 5.1 TITLE 5.2 NAME | T ADDRESS T-ZIP T ADDRESS | | ☐ Change 2. 5a | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | 2700 HIGHLAND AVE CINCINATTI OH 45212 | | □ DELETE | 3.3 STREET 3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET | T ADDRESS T-ZIP T ADDRESS | | ☐ Change 2. 5a | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2700 HIGHLAND AVE CINCINATTI OH 45212 | | □ DELETE | 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S1 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S1 | T ADDRESS T-ZIP T ADDRESS | | ☐ Change | Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE | 2700 HIGHLAND AVE CINCINATTI OH 45212 | | □ DELETE | 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-SI 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-SI 6.1 TITLE | T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP | | ☐ Change | Addition |

14. I hereby certify that the information supplied with this filing does not goalify 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 too 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 eport 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.