SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT, OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000002792 (4)

NOVA SOLUTIONS CORPORATION

Principal Place of Business	Mailing Address		
200 SOUTH ORANGE AVENUE SARASOTA FL 34236	200 SOUTH ORANGE AVENUE SARASOTA FL 34236		

Sep 17 1998 8:00am Secretary of State



Principal Place of Bus iness Mailing Address				<u>in dålda nyan saana fanna nyan 1984</u>	
200 SOUTH ORANGE AVENUE 200 SOUTH ORANGE AVENUE SARASOTA FL 34236 SARASOTA FL 34236		DO NOT WRITE IN TH	IIS S PACE		
			3. Date Incorporated or Qualified		
			01/09/1997		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		65-0725401	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		* 0-4/5-4	\$8.75 Additional	
22	27		5. Certificate of Status Desired	Fee Required	
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	28		Trust Fund Contribution	Added to Fees	
Zip Country	Zip	Country	8. This corporation owes or has paid the c	urrent year Intangible	
24 25	29	30	Personal Property Tax due June 30.	Yes No	
9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent	
LAMBRECHT, WILLIAM G		81 Name		:	
200 SOUTH ORANGE AVENUE SARASOTA FL 34236		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
		0.0017100	Officer Madress (1.0. Box Married to Met Mecopiable)		
3		83			
		84 City		85 Zip Code	
		O4 City	F	L 85 Zip Code	
 Pursuant to the provisions of sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig 	of Florida. Such change was	authorized by the corpora	oration submits this statement for the purpose of tion's board of directors. I hereby accept the app	changing its registered ointment as registered	
SIGNATURE					
Signature, typed or printed name of registered age		OTE: Registered Agent signature re	<u> </u>		
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	DELETE		RESIDENT	Change Addition	
NAME		1.2 NAME	AMES L. TOLLEY SOCEDAR BARK CIRCLE		
STREET ADDRESS		1.3 STREET ADDRESS	GCEDAR DAICE CHI		
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MKASOTH FL 34 24 P		
TITLE	DELETE	2.1 TITLE	XEC, U.P	Change Addition	
NAME		2.2 NAME	IOAN D. LOONEY		
STREET ADDRESS		2.3 STREET ADDRESS 67	753 RIOGEWOOD AR		
CITY-ST-ZIP			T. WORTH TX 76180		
TITLE	DELETE		XEC. U.P.	Change Addition	
NAME		3.2 NAME . d	OAN A. PHOLICELLY		
STREET ADORESS			37 MAIN STREET	/// 250	
City-St-ZiP		3.4 CITY-ST-ZIP	ETALEHEM PA 18017-	Y0.33	
TITLE	DELETE	4.1 TITLE		Change Addition	
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	L_J DELETE	5.1 TITLE		Change Addition	
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		_			
TITLE		5.4 CITY-ST-ZIP			
	DELETE	6.1 TITLE		Change Addition	
NAME	DELETE			Change Addition	
NAME STREET ADDRESS	DELETE	6.1 TITLE		Change Addition	

I hereby certify that the information supplied with this fiting 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 receiver 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.

Busit OHRED