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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000034450 (1)

NOVA RECOVERY, INC.

## FILED Jan 26 1998 8:00am Secretary of State

Principal Place of Business Mailing Address								r andlander and adust lætter odsjet oddiet dørede sinlit dandes deldet dreve blist addie		
3203 JUANITA DRIVE PLANT CITY FL 33567				3203 JUANITA DRIVE PLANT CITY FL 33567						DO NOT MODITE IN THIS COLOR
										DO NOT WRITE IN THIS SPACE
Į										3. Date Incorporated or Qualified
2, Principal F	Place of Busi	ness	т-	2a	Mailing Address				<del></del>	04/16/1997 4. FEI Number Applied For
21				26						4. FEI Number Applied For Not Applied For
Suite, Apt. #, etc.					Suite, Apt. #, etc.					SR 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	Zip Country			Zip Cou				ountry		8. This corporation owes or has paid the current year Intangible
24				29 30				,		Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent										10. Name and Address of New Registered Agent
BRUSCHI, JOHN							81		Name	
3203 JUANITA DRIVE							82	t	Street Addre	ess (P.O. Box Number is Not Acceptable)
PLANT CITY FL 33567										
							83			
							84	†-	City	F1 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 regional 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										pration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE			,		,		, and a	٠.		
GIGHTATIONE	Signature, typed	or printed harve of registers:				OTE Regist	lered Age	erd	signature required	d when reinstating) DATE
12.		OFFICERS	AND DIE	¥E C7		1	3			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Tres	si den t			☐ ĐELET <b>e</b>	1.1	1 THLE			Change Addition
NAME STREET ADDRESS CITY-ST-ZIP  TO hn Bruschi  To				1.2 M			2 NAME			
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CITY-ST-ZIP	719	2 <del>4 (2</del> 44	<del>}</del>	33	1567		4 CITY - S	ST - 7	ZIP	~ = ~
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CITY-ST-ZiP TITLE					0 4.4 CI			1 - 2	<u> </u>	Crange Addition
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STREET ADDRESS							NAME	A D	aborce	Sh 1/210
CITY-ST-ZIP							STREET			11/20
TITLE							CITY - S1 - ZIP		ZIF _	PUTTING PALITY STORAGE □ Addition
NAME						ı	NAME			300002412759ange Addition -01/27/9801024002
STREET ADDRESS							STREET	AFI	IDBESS	***150.00

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 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 in on an attachment with an address.

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PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000034450 (1) NOVA RECOVERY, INC. Principal Place of Business Mailing Address 3203 JUANITA DRIVE 3203 JUANITA DRIVE PLANT CITY FL 33567 PLANT CITY FL 33567 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>04/16/1997</u> 2, Principal Place of Business 2a, Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23  $\Box$ 28 Trust Fund Contribution Added to Fees Zip Country Zipi Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Proporty Tax due June 30. 29 30 Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRUSCHI, JOHN 3203 JUANITA DRIVE Street Address (P.O. Box Number is Not Acceptable) PLANT CITY FL 33567 83 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 Horida. Such change was authorized by the corporation's board of directors. Horeby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed hance of orgistered agent and little if applicable (NOTE Registered Agout's greature required when re-astating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE President 1.1 TILLE Change Addition NAME TohnBruschi 1.2 NAME 3203 Juanita Dr. STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change TITLE 2.1 THE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-S1-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAM6 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - \$1 - 7IP TITLE DELETE 4.1 JULE Change Addition NAME d 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE TITLE 5 1 11111 Add/tion NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 City - \$1 - ZIP TITLE DELETE 6.1 TITLE 30000241275<sup>3</sup> Addition NAME -01/27/98--01024--002 6.2 NAME STREET ADDRESS \*\*\*150.00 6.3 STREET ADDRESS CITY-ST-7IP 6.4 CITY - S1 - 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 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 eath; 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 13 if charges, for on an attachmost with an address.