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

Feb 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION 4 Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** P97000059455 (0) NOVA PALMS, INC. Principal Place of Business Mailing Address 1821-N-OGEAN-BLVD 1621 N OCEAN BLVD POMPANO BEACH FL 33062. POMPANO BEACH FL 33062 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/08/1997 2. Principal Place of Business 2a. Mailing Address Applied For 5-076-8679 TAPT 1600 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be HOLLYWOOD 23 28 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible 3302O ☐ Yes 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name B & C CORPORATE SERVICES INC 201-S BIOCAYNE BLVD STE 3000 82 Street A Not Acceptable) MIAMI-FL-33131 83 Zip Code 33/96 84 ctions 607.0502 and 607.1508, Florida Statutes, the above-named conforation submits this statement for the purpose of changing its registered th, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered cept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provision office or registered ag-agent. I am familiar wit **SIGNATURE** ne of registured agont and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change 11 TITLE TITLE HUSSAIN, SYED 1.2 NAME NAME 1821 N OCEAN BLVD 1.3 STREET ADDRESS STREET ADDRESS POMPANO BCH FL 33062 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE ☐ Change Addition TITLE HUSSAIN, GLORIA NAME 2.2 NAME 1621 N OCEAN BLVD STREET ADDRESS 2.3 STREET ADDRESS POMPANO BEACH FL 33062 CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Addition Change TITL F 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DFLETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 61 TIME NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-\$7-2IP

to exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information to and that my signature shall have the same legal effect as if made under oath; that I am an cure this report as required by Chapter 607, Florida Statutes; and that my name appears in

1/1/av

14. I hereby certify that the information supplied with this filing does not coastly indicated on this annual report or supplemental annual report is true and a officer or director of the corporation or the receiver or trustee empoyerable.

Block 12 or Block 13 if changed; or on an attachment with an address