

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. Motham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000090087 (2)**

1. Corporation Name

NOVA INTERNATIONAL, INC.

Principal Place of Business

400 SOUTH DIXIE HWY. UNIT #1  
LAKE WORTH FL 33460

Mailing Address

400 SOUTH DIXIE HWY. UNIT #1  
LAKE WORTH FL 33460

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

AJINKA, ARVIND B  
4524 GUN CLUB RD #102  
WEST PALM BEACH FL 33415

81 Name **SAMIMA ALAM**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **400 S. DIXIE HWY. # 1**

84 City **Lake Worth**, FL Zip Code **33460**

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 **S. Alam**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**8.17.98**  
**7.21.98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEKHON, INDERJIT		1.2 NAME	
STREET ADDRESS	400 SOUTH DIXIE HWY, UNIT #1		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460		1.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

SIGNATURE REQUIRED

**S. Alam**

**8.17.98**

**SL-586-6344**

CR2E034 (5/98)



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/20/1997**

4. FEI Number

**65-0788795**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

10. Name and Address of New Registered Agent

**SAMIMA ALAM**

Street Address (P.O. Box Number is Not Acceptable)

**400 S. DIXIE HWY. # 1**

City **Lake Worth**

FL Zip Code **33460**

DATE

**8.17.98**  
**7.21.98**