

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000094137 (1)

1. Corporation Name
NV, INC.

Principal Place of Business

1456 LANDINGS CIRCLE
SARASOTA FL 34231

Mailing Address

1456 LANDINGS CIRCLE
SARASOTA FL 34231

2. Principal Place of Business

21 150 S. ORANGE AVE
Suite, Apt. #, etc.

2a. Mailing Address

26 1456 LANDINGS CIR
Suite, Apt. #, etc.

22

City & State

23 SARASOTA, FL

Zip

24 34236

Country

25 USA

26

27

28

29

30

City & State

SARASOTA, FL

Zip

34236

Country

USA

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9. Name and Address of Current Registered Agent

DOVE, KATHERINE M
1456 LANDINGS CIRCLE
SARASOTA FL 34231

81 Name

MARCI A E DOVE

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

1456 LANDINGS CIR

83

84 City

SARASOTA

FL 34236

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

Maria S. Dove

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOVE, KATHERINE M		1.2 NAME	
STREET ADDRESS	1456 LANDINGS CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231		1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOVE, MARCIA E		2.2 NAME	
STREET ADDRESS	1456 LANDINGS CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231		2.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOVE, WILLIAM E		3.2 NAME	
STREET ADDRESS	1456 LANDINGS CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231		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

Maria S. Dove

1-5-98 (941)922-9440

CR2E034 (10/97)