

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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90075 040 ***150.00
 05-10-1999 90229 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000013713** L

1. Corporation Name

NPV PROPERTIES, INC.

Principal Place of Business	Mailing Address
2801 COUNTRY CLUB BLVD. DEERFIELD BEACH, FL 33442	2801 COUNTRY CLUB BLVD. DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		2/11/98	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0816000	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29	
25		29		30	

9. Name and Address of Current Registered Agent

MR. GREGORY M. MARKS
 1221 BRICKELL AVE., 21ST FLOOR
 MIAMI, FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT/CFO/SEC/TREAS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY P. VALASSIS	1.2 NAME	
STREET ADDRESS	1948 WOODLAKE TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUG T. VALASSIS	2.2 NAME	
STREET ADDRESS	520 LAKE COOK RD., STE. 380	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD, IL 60015	2.4 CITY-ST-ZIP	
TITLE	VICEPRESIDENT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. CRAIG VALASSIS	3.2 NAME	
STREET ADDRESS	1400 N. WOODWARD, STE. 270	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304	3.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBRA A. LYONNAIS	4.2 NAME	
STREET ADDRESS	2801 COUNTRY CLUB BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	4.4 CITY-ST-ZIP	
TITLE	VICEPRESIDENT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANE P. JOHNSON	5.2 NAME	
STREET ADDRESS	1400 N. WOODWARD, STE. 270	5.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304	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, 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, with all other like empowered.

SIGNATURE:

Doug Valassis

4/30/99