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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 10, 1999 8:00am

**Secretary of State** 

02-10-1999 90004 036 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S03326

SIGNATURE:

NOVA TYPING SERVICES, INC.

Principal Plac	e of Business	Mailing Address					
301 N. PINE IS	LAND RD.	301 N. PINE ISLAND RD.			,		
STE. 204		STE. 204				•	
PLANTATION FL 33324		PLANTATION FL 33324			DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed	ł	
		4			10/02/1990		
2. Principal F	lace of Business	2a. Mailing Address				opplied For .	
<b>一 ・</b> .		<del></del>	26		65-0221070	lot Applicable	
21 Cuito Ant	# ata	Suite, Apt. #, etc.			00 022 1010	Additional Additional	
Suite, Apt.	#, etc.				1 5: Contificate of Status Desired	Required	
22		27	I				
City & Sta	e	City & State	— ´				
23		28			Trust Fund Contribution Added	I to Fees	
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year Intangible	_ 1	
24	25	29	30		Personal Property Tax.	□No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent		
				81 Name	1	}	
SLA	TTERY, RUTH				The second secon	· · · · · · · · · · · · · · · · · · ·	
	NORTH PINE ISLAND ROAD		- 82 Street Addi		ress (P.O. Box Number is Not Acceptable)		
	E 204		-	83	* ** ** ** ** ** ** ** ** ** ** ** ** *	1 (MI (18) 1801	
	NTATION FL 33324			63			
, ,	MINION FL 33324			84 City	85 Zic	Code	
					<b>FL</b>	,	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida State	utes, the at	ove-named corp	poration submits this statement for the purpose of changing i	s registered	
office or	egistered agent, or both, in the State in im familiar with, and accept the obligation	of Florida. Such change was	authorized Iorida Statu	by the corporati	on's board of directors. I hereby accept the appointment as	egistered	
agent. i a	im tamiliar with, and accept the obliga-	ions of, Section 607.0505, r	iona Statu	ites.	·		
SIGNATURE	Signature, typed or printed name of registered agen	A della di annicabile (NO)	TE: Danistored	Agent eigneture requir	ed when reinstating) DATE	——   <u>,</u>	
12.		D DIRECTORS	13.	Again signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12	
	I	D DELETE	1,1 TIT	15	□ Ch		
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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, with all other like empowered.

G OFFICER OR DIRECTOR