

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734625** (7)  
 1. Corporation Name  
**HOVIANNA VIII APTS., INC.**



Principal Place of Business <b>1746-3RD AVENUE NORTH APT #2 LAKE WORTH FL 33460</b>	Mailing Address <b>1746-3RD AVENUE NORTH APT #2 LAKE WORTH FL 33460-3248</b>
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2. Principal Place of Business 21 <b>Apt, 1</b>	2a. Mailing Address 26 <b>Apt. 1</b>	3. Date incorporated or Qualified <b>12/17/1975</b>	3a. Date of Last Report <b>01/31/1996</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number <b>59-1658274</b>	Applied For <input type="checkbox"/> Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent  
**VINMONT, J**  
**1746 THIRD AVE N APT #2**  
**LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent  
 81 Name **Mattson Donald**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1746 3rd Ave. N.**  
 83 **Apt, 1**  
 84 City **Lake Worth** FL 85 Zip Code **33460**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.  
 SIGNATURE **DONALD MATTSON** *Donald Mattson* **3-11-97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MATTSON, DON	
STREET ADDRESS	1746 3RD AVE N #1	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STARKEY, PAUL	
STREET ADDRESS	1746 3RD AVE N #10	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	VINMONT, J	
STREET ADDRESS	1746 3RD AVE N #2	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hakkarainen, H.	
1.3 STREET ADDRESS	1746 3rd Ave. N #4	
1.4 CITY-ST-ZIP	Lake Worth, FL. 33460	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Read Jim	
2.3 STREET ADDRESS	1746 rd Ave.n.#2	
2.4 CITY-ST-ZIP	Lake Worth, FL. 33460	
3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mattson Donald	
3.3 STREET ADDRESS	1746 3rd Ave N. 31	
3.4 CITY-ST-ZIP	Lake Worth, FL. 33460	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lamszus, Edward	
4.3 STREET ADDRESS	1746 3rd Ave N. #3	
4.4 CITY-ST-ZIP	Lake Worth, FL. 33460	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald Mattson* **3-11-97** (561) 588-1072

CR2E037 (9/96)