

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000028325 (6)

1. Corporation Name

HOVEN INVESTMENT REALTY, INC.



Principal Place of Business

Mailing Address

4440 PGA BLVD  
~~STE 605~~  
PALM BEACH GARDENS FL 33418  
US

PO BOX 30211  
PALM BEACH GARDENS FL 33418  
US

3. Date Incorporated or Qualified

04/11/1994

3a. Date of Last Report

04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

33410

30

33420

4. FEI Number

65-0482093

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

7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TARR, S.A.  
4521 PGA BLVD  
STE 201  
PALM BEACH GARDENS FL 33418

81 Name

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

4440 PGA Blvd. Suite #206

83

84 City

Palm Beach Gardens, FL

85 Zip Code

33410

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 ☐ DELETE

NAME  
PSD  
TARR, S.A.  
P.O. BOX 30211 N/A  
PALM BEACH GARDENS FL 33420

☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS

64 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

71 TITLE  
72 NAME  
73 STREET ADDRESS

74 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

Date

407-622-3386

Daytime Phone #

CR2E034 (12/95)