FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00							FILED			
COF ANNL	PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Jan 28 1998 8:00am Secretary of State				
DOCUMENT # 548409			(2)			Secretar	уО	1 56	ale	
HANNOVER HORSES, INC.										
Principal Place of Business Mailing Address										II BIBH RUBI
3037 BUCKRIDGE TAIL 2981 BUCK RIDGE TRAIL P.O. BOX 895 LOXAHATCHEE FL 33470										
P.O. BOX 895 LOXAHATCHEE FL 33470 US							DO NOT WRITE	IN THIS	SPACE	
US							3. Date Incorporated or Qualified			
2. Principal P	ace of Business	Mailing Address	ing Addrace			09/27/1977 4. FEI Number		A	pplied For	
21	acc of Bountous					59-1765799			ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc. 27 LOXAHATCHEE, FL			- Z	5. Certificate of Status Desired	×	\$8.75	Additional equired
City & State	9		City & State				6. Election Campaign Financing		\$5.00	May Be
23	Country		33470	Country		BE4C4	·	<u> Ц</u>		to Fees
Zip 24	Country Zip C 25 29 30				Country		This corporation owes or has pail Personal Property Tax due June	-		tangible ∐ No
271	9. Name and Address of		red Agent	100	~~-		10. Name and Address of New Reg			
PFERDEKAEMPER, GISELA 81 Name						Name				
3037 BUCKRIDGE TAIL					;	Street Addre	ess (P.O. Box Number is Not Acceptab	e)		
LOX	KAHATCHEE FL 33470			83	H					
					_					
				84		City		FL	. '	Code
11. Pursuant l office or re agent. I ar	to the provisions of Sections egistered agent, or both, in the m familiar with, and accept the	607.0502 and 607 ne State of Florida ne obligations of, 9	.1508, Florida Statut . Such change was a Section 607.0505, Fk	es, the above authorized by orida Statutes	e-r y th s.	named corpo he corporation	oration submits this statement for the proor's board of directors. I hereby accep	rpose of the app	f changing i pointment as	ts registered registered
SIGNATURE										
12.	Signature, typed or printed name of regi OFFICE	ERS AND DIRECT		13.	ent:	aignature raduire:	d when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTOR	RS IN 12
TITLE	PTD		DELETE	1.1 TITLE					Change	☐ Additlon
NAME	PFERDEKAEMPER, GIS			1.2 NAME						
STREET ADDRESS	3037 BUCKRIDGE TAIL	•				DORESS				
CITY-ST-ZIP TITLE	LOXAHATCHEE FL		☐ DELETE	1.4 City-S 2.1 Title	5T-7	ZIP			Change	Addition
NAME				2.2 NAME						
STREET ADDRESS				2,3 STREET	AD	DRESS				
CITY - ST - ZIP				2, 4 CITY - S	ST-	ZIP				
TITLE			☐ DELETE	3.1 TITLE		•			Change	Addition
NAME STREET ADDRESS				3.2 NAME 3.3 STREET	. VD	nnesee				
CITY-ST-ZIP				3,4. GITY-5						
TITLE	☐ DELETE			4.1 TITLE	V!	411	Calautt		☐ Change	Addition
NAME [4. 2 NAME						
STREET ADDRESS				4.3 STREET	AD	ORESS			-	
CITY-ST-ZIP			☐ DELETE	4.4 CITY - S	1-7	ZIP	**************************************		Change	Addition
TITLE NAME				5.1 TITLE 5.2 NAME					onenge	TI COMMI
STREET ADDRESS				5.3 STREET	`AD	DRESS				
CiTY-SI-ZIP				5.4 CITY-S						
!					6.1 TITLE			-	Change	Addition
NAME				6.2 NAME						

6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS