

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90107 019 ***158.75

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DOCUMENT # 548409

1. Corporation Name

HANNOVER HORSES, INC.

NEW NAME:
HANNOVER CORPORATION



Principal Place of Business

3037 BUCKRIDGE TAIL
P.O. BOX 895
LOXAHATCHEE FL 33470
US

Mailing Address

P O BOX 885
LOXAHATCHEE FL 33470
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1977

4. FEI Number

59-1765799

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

8. This corporation owes the current year intangible

Personal Property Tax.

Yes

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

PFERDEKAEMPER, GISELA
3037 BUCKRIDGE TAIL
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81 Name

PFERDEKAEMPER, HORST E

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

3037 BUCKRIDGE TAIL

83

84 City

LOXAHATCHEE

FL

85 Zip Code

33470

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

PFERDEKAEMPER

(NOTE: Registered Agent signature required when reinstating)

02/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☒ DELETE

NAME PFERDEKAEMPER, GISELA
STREET ADDRESS 3037 BUCKRIDGE TAIL
CITY-ST-ZIP LOXAHATCHEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PTD
1.3 STREET ADDRESS PFERDEKAEMPER, HORST E
1.4 CITY-ST-ZIP 3037 BUCKRIDGE TAIL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME Loxahatchee, FL 33470

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/99

(561) 753-0819

Date

Daytime Phone #

CR2E034 (11/98)