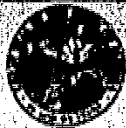


PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -6 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 596663

(5)

1. Corporation Name

HOOVER INTERNATIONAL REALTY, INC.

Principal Place of Business

**4747 N OCEAN DRIVE, STE 231
FORT LAUDERDALE FL 33308**

Mailing Address

**4747 N OCEAN DRIVE, STE 231
FORT LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1978

3a. Date of Last Report

04/29/1994

4. FBI Number

59-1865733

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. The corporation has liability for corporate tax under the

\$5.00 May Be Added to Fees

Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt # etc.

State Apt # etc.

22

27

City & State

City & State

23

28

City & State

City & State

24

29

City & State

City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORATIS, GEORGE R.
915 MIDDLE RIVER DR., #506
FT. LAUDERDALE FL 33304**

81 Name

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

83

84 City

FL

85 Zip Code

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 607.0506, Florida Statutes.

SIGNATURE

By the agent, a printed name of registered agent with title and address

By the corporation, a printed name of registered agent with title and address

DATE

12. OFFICERS AND DIRECTORS

13. OFFICERS AND DIRECTORS

1. TITLE	PST
2. NAME	HOOVER, ALAN C.
3. STREET ADDRESS	4747 N. OCEAN DR. #217
4. CITY, ST, ZIP	FORT LAUDERDALE, FL 00000
5. TITLE	D
6. NAME	HOOVER, ALAN C.
7. STREET ADDRESS	4747 N. OCEAN DR. #217
8. CITY, ST, ZIP	FORT LAUDERDALE, FL 00000
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(4)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to make up this report as required by Chapter 217, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR