

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **851963** (9)

1. Corporation Name
HOVSONS, INC.



Principal Place of Business: **1 HOVCHILD PLAZA, 4000 ROUTE 66 TINTON FALLS NJ 07753**
Mailing Address: **1 HOVCHILD PLAZA, 4000 ROUTE 66 TINTON FALLS NJ 07753**

3. Date Incorporated or Quinched: **02/24/1982**
3a. Date of Last Report: **01/26/1995**
4. FEI Number: **22-1736966**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent
HOVNIANIAN, HIRAIR
350 S. OCEAN BLVD., APT. 12B
BOCA RATON FL 33432

81. Name
82. Street Address (P.O. Box Numbers Not Acceptable)
83. City
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | HOVNIANIAN, ANNA | |
| STREET ADDRESS | 350 S. OCEAN BLVD. #12B | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | HOVNIANIAN, HIRAIR | |
| STREET ADDRESS | 350 S. OCEAN BLVD. #12B | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | VT | <input type="checkbox"/> DELETE |
| NAME | VOGEL, JOHN R | |
| STREET ADDRESS | 4000 ROUTE 66 | |
| CITY-ST-ZIP | TINTON FALLS NJ | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | HOVNIANIAN, EDELE | |
| STREET ADDRESS | 4000 ROUTE 66 | |
| CITY-ST-ZIP | TINTON FALLS NJ | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 17 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18 NAME | |
| 19 STREET ADDRESS | |
| 20 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 25 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 26 NAME | |
| 27 STREET ADDRESS | |
| 28 CITY-ST-ZIP | |
| 29 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 30 NAME | |
| 31 STREET ADDRESS | |
| 32 CITY-ST-ZIP | |
| 33 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 34 NAME | |
| 35 STREET ADDRESS | |
| 36 CITY-ST-ZIP | |
| 37 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 38 NAME | |
| 39 STREET ADDRESS | |
| 40 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 45 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 46 NAME | |
| 47 STREET ADDRESS | |
| 48 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 holder of a trust or employment; that I execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13.

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

3-19-96 (908) 922-6100

CR2E034 (12/95)