

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

FILED
Jan 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/24/1982	3a. Date of Last Report 04/05/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 22-1736966	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

10. Name and Address of New Registered Agent

81 Name MONPRODE, RICHARD
82 Street Address (P.O. Box Number is Not Acceptable) 9865 CALLAN CT
83
84 City BOYNTON
85 Zip Code FL 33437

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 agree to the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *Richard Monprode* DATE: **1/24/97**

12. OFFICERS AND DIRECTORS

TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	HOVNANIAN, ANNA
STREET ADDRESS	350 S. OCEAN BLVD. #12B
CITY-ST-ZIP	BOCA RATON FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	HOVNANIAN, 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	HOVNANIAN, EDELE
STREET ADDRESS	4000 ROUTE 66
CITY-ST-ZIP	TINTON FALLS NJ
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PD HOVNANIAN, HIRAIR
23 STREET ADDRESS	4000 RT 66
24 CITY-ST-ZIP	TINTON FALLS NJ
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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 of this report, or as an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1-9-97 9:28 920 6100**

CR2E034 (9/96)