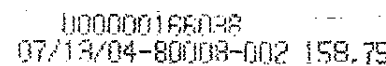
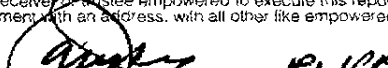


FILED
Jul 13, 2004 08:00 AM
Secretary of State

DOCUMENT # 851963 1. Entity 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	
DO NOT WRITE IN THIS SPACE			
		07012004 No Chg-P CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE		4. FEI Number 22-1736966	
		Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CIKLIN, ALAN NORTHBRIDGE CENTER STE 1900 515 N FLAGLER DR WEST PALM BEACH, FL 33401		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD HOVNANIAN, HIRAIR 4000 RT 66 TINTON FALLS, NJ		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VT VOGEL, JOHN R 4000 ROUTE 66 TINTON FALLS, NJ			
TITLE NAME STREET ADDRESS CITY-ST-ZIP V HOVNANIAN, EDELE 4000 ROUTE 66 TINTON FALLS, NJ			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		7-1-04 (732) 932-6100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	