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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K95752 1. Corporation Name

HOVEN INC.

Principal Place of Business		Mailing Address						191 4 19 6 1 6 1 6 1) 4		Aide ding 1001		
6015 BENJAMIN RD		6015 BENJAMIN RD					•					
SUITE 332		SUITE 332				DO NOT WINTE WATER OF ACT						
TAMPA FL 33634		TAMPA FL 33634 US				DO NOT WRITE IN THIS SPACE						
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·	Place of Business	2a. Mailing A	aaress				4. FEI Number	0.4		_ 	oplied For] }
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City & Stat	ie .		ale				6. Election Carr			•	May Be	
Zip	Country	Zip		Cou	ıntry		Trust Fund C				to Fees	-
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	5. Name and Address of Current	Registered Age	<u>. </u>		81 1	Name	IV. Name and A	duless of New I	registered :	Ageill		1
LO.	LIN LIE-YUH					110110		•]
17003 EQUESTRIAN TRAIL ODESSA FL 33556						Street Addres	ss (P.O. Box Numb	per is Not Accept	able)			
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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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

NAME

□ DELETE

813-886-9328 1-27-99

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90009 034 ***150.00

☐ Change

☐ Addition