


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

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**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90128 028 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L32735**

1. Corporation Name  
**HANOVER LAND CORPORATION**



Principal Place of Business <b>705 BLUERIDGE DRIVE MEDFORD NY 11763</b>	Mailing Address <b>705 BLUERIDGE DRIVE MEDFORD NY 11763</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 121 LITTELL DRIVE, RT 18</b>		2a. Mailing Address <b>26 121 LITTELL DRIVE, RT 18</b>		3. Date Incorporated or Qualified <b>11/30/1989</b>
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-2981539</b>
City & State <b>23 ALIQUIPPA, PA</b>		City & State <b>28 ALIQUIPPA, PA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip <b>24 15001</b>	Country <b>25 USA</b>	Zip <b>29 15001</b>	Country <b>30 USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent <b>FLORIDA LAWDOCK, INC. 515 N. FLAGLER DR., SUITE 503 W. PALM BEACH FL 33401</b>				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DPS</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>121 LITTELL DRIVE, RT 18</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LITTELL, WILLIAM A. JR</b>		1.2 NAME <b>ALIQUIPPA, PA 15001</b>	
STREET ADDRESS <b>705 BLUERIDGE DR</b>		1.3 STREET ADDRESS <b>ALIQUIPPA, PA 15001</b>	
CITY-STATE-ZIP <b>MEDFORD NY</b>		1.4 CITY-STATE-ZIP <b>ALIQUIPPA, PA 15001</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>121 LITTELL DRIVE, RT 18</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LITTELL, WILLIAM A. JR</b>		2.2 NAME <b>ALIQUIPPA, PA 15001</b>	
STREET ADDRESS <b>705 BLUERIDGE DR</b>		2.3 STREET ADDRESS <b>ALIQUIPPA, PA 15001</b>	
CITY-STATE-ZIP <b>MEDFORD NY</b>		2.4 CITY-STATE-ZIP <b>ALIQUIPPA, PA 15001</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 a power of attorney.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WILLIAM A. LITTELL, PRESIDENT**

**APR 17, 1999**

Date

**724-378-2835**

Daytime Phone #

CR2E034 (11/98)