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Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P12044 (4)
1. Corporation Name
THE HIRAIR AND ANNA HOVNIANIAN FOUNDATION, INC.



Principal Place of Business 350 SOUTH OCEAN BLVD. APT 12B BOCA RATON FL 33432	Mailing Address C/O HOVSONS INC. 4000 ROUTE 66 TINTON FALLS NJ 07753-7308
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3. Date Incorporated or Qualified 11/06/1986	3a. Date of Last Report 04/11/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

4. FEI Number 59-2714390	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GART, DAVID A. ESQUI C
250 AUSTRALIAN AVENUE SOUTH
SUITE 500
WEST PALM BEACH FL 33401**

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

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOVNIANIAN, EDELE	
STREET ADDRESS	600 NAVESINK RIVER ROAD	
CITY-ST-ZIP	MIDDLETOWN NJ	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HOVNIANIAN, ARMEN	
STREET ADDRESS	600 NAVESINK RIVER ROAD	
CITY-ST-ZIP	MIDDLETON NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SAHAKIAN, SIRAN	
STREET ADDRESS	600 NAVESINK RIVER RD.	
CITY-ST-ZIP	MIDDLETON NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOVNIANIAN, LEELA	
STREET ADDRESS	600 NAVESINK RIVER ROAD	
CITY-ST-ZIP	MIDDLETON NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOVNIANIAN, TANYA	
STREET ADDRESS	600 NAVESINK RIVER RD.	
CITY-ST-ZIP	MIDDLETON NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOVNIANIAN, ANNA	
STREET ADDRESS	350 S. OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	7TH DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CB HOVNIANIAN, HIRAIR	
1.3 STREET ADDRESS	600 NAVESINK RIVER ROAD	
1.4 CITY-ST-ZIP	MIDDLETOWN NJ 07701	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: _____ DATE: **1/17/97** (905) 922-6100

CR2E037 (9/96)