FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL 25 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P23083 (9)

1. Corporation Name
The Kover Group, Inc.

Principal Place of Business	Mailing Address
6480 Rockside Woods Blvd. South Independence, OH 44131	same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1989
3a. Date of Last Report: 09/30/1994

2. Principal Place of Business	2a. Mailing Address
21 5800 Lombardo Center	26 5800 Lombardo Center
Suite, Apt. #, etc 22 Suite 250	Suite, Apt. #, etc 27 Suite 250
City & State 23 Seven Hills, OH	City & State 28 Seven Hills, OH
Zip / Country 24 44131 / 25 USA	Zip / Country 29 44131 / 30 USA

4. FEI Number: 34-1533032 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No

9. Name and Address of Current Registered Agent

Kubec, Phillip W.
One Oakwood Blvd. #250
915 Middle River Drive #600
Ft. Lauderdale, FL 33304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ DATE
(Signature, typed or printed name of registered agent and title if agent is a corporation) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY ST ZIP PD Kubec, Phillip W. 6480 Rockside Woods Blvd. Independence, OH 44131	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP X Change ☐ Addition 5800 Lombardo Center, Suite 250 Seven Hills, OH 44131
TITLE / NAME / STREET ADDRESS / CITY ST ZIP S Novak, Henry 6480 Rockside Woods Blvd. Independence, OH 44131	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP X Change ☐ Addition 5800 Lombardo Center, Suite 250 Seven Hills, OH 44131
TITLE / NAME / STREET ADDRESS / CITY ST ZIP VP Kubec, Phillip W. 915 Middle River Drive #600 Ft. Lauderdale, FL 33304	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP ☐ Change ☐ Addition 400000154944 -07/27/95--01076--003 ****225.00 ****225.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, typed or on an attachment with an address.

SIGNATURE: _____ 7/20/95
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Title) (Date Signed)