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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P23083 (9)

THE KOVER GROUP, INC.

FILED									
May	01	1998	8:00am						
Sec	cret	ary of	State						



Principal Place	of Business	Mailing Address				TOTAL AND FAMILY AND FAMILY SAME		
5000 LOMBARD CENTER		5800 LOMBARD CENTER	5800 LOMBARD CENTER					
250		250 INDEPENDENCE OH 4413	250		DO NOT WRITE IN THIS SI	DO NOT WRITE IN THIS SPACE		
INDEPENDENCE OH 44131 INDEPENDENCE O		INDEPENDENCE ON 1410	4131		3. Date Incorporated or Qualified			
					02/22/1989			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For		
21		26			34-1533032	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional		
22 Oh. 6 Ctats		City & State				Fee Required		
City & State	,	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
23 Zip	Country	7ip	Country	,	8. This corporation owes or has paid the curre			
24	25	29	30			Yes No		
	9. Name and Address of Current		==1		10. Name and Address of New Registered A	gent		
· BA	UMAN, ESQ., BRYAN W		81	Name	Henry Novak			
222	22 PONCE DE LEON BOULEVARI		82	Street A	Address (P.O. Box Number is Not Acceptable)			
SIX	TH FLOOR			G. G	450 Fairway Dr., Suite	a 107		
CO	RAL GABLES FL 33134		83					
	•		64	City	Deerfield Beach	85 319999		
				l		1 1 1		
11. Pursuant t	to the provisions of Sections 607,0502 agistered agent, or both, in the State of	i and 607.1508, Florida Stat ute of Florida. Such chan ge wa s <i>a</i>	es, the above authorized by	e-named / the corp	corporation submits this statement for the purpose of operation's board of directors. I hereby accept the apportunity	changing its registered introduced introduced in the control of th		
agent. I a	m familiar with and according obliga	tions of, Section 607. 0505 , Flo Henry N o	orida Statute	3. ! o o o o	+	66		
SIGNATURE	Slore the Med or frint of the of registered agen				required when reinstating) DATE	0/98		
12.	OFFICERS AND		13.	ill signature	ADDITIONS/CHANGES TO OFFICERS AND.	DIRECTORS IN 12		
TITLE	PD /	☐ DELETE	1.1 TITLE			Change		
NAME	KUBEC, PHILLIP W		1.2 NAME		Phillip W. Kubec			
STREET ADDRESS	915 MIDDLE RIVER DRIVE, #6	00	1.3 STREET	ADDRESS	450 Fairway Dr., Suite	107		
CITY-ST-ZIP	FORT LAUDERDALE FL 33304		1.4 CITY - S	I ZIP		3441 😽 📗		
TITLE	8	☐ DELETE	2.1 TITLE			Change Addition		
NAME	NOVAK, HENRY	_	2.2 NAME		Melissa Kubec			
STREET ADDRESS	5800 LOMBARDO CENTER ST	E. 250	2 3 STREET	ADDRESS	5800 Lombardo Center,	Suite 250		
CITY-ST-ZIP	INDEPENDENCE OH 44131		2. 4 DITY-	ST-ZIP	Independence, Ohio 44	1,3,1		
TITLE	VPD	X X X DELETE	31 TITLE		ן י	Change		
NAME	STAUBER, DANIEL 3890 N.W. 132 STREET, BAY	v	3 2 NAME					
STREET ADDRESS	OPA LOCKA FL 33054	N.	3.3 STREET					
CITY-ST-ZIP TITLE	VP	K K N DELETE	3.4. CITY-:	ST-ZIP		Change Addition		
NAME	ELKIN, MICHAEL	<u>Er</u> Entre it	4.1 ITILE 4.2 NAME		 			
	3890 N.W. 132 STREET, BAY	K	4.2 NAME 4.3 STREET	AUDBEGG				
STREET ADDRESS CITY-ST-ZIP	OPA LOCKA FL 33054	••	4.3 STREET	- 1				
TITLE	AS	X X DELETE	51 TITLE	or Eur		Change Addition		
NAME	BAUMAN, BRYAN		52 NAME		'			
STREET ADDRESS	2222 PONCE DE LEON BLVD.	, SUITE 600	5 3 STREET	ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134		5.4 CITY-S	ŀ				
TITLE		DELETE	6.1 TITLE			Change Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6 4 CITY - S					
hetenibai	on this annual roport or supplemental	annual report is true and acc	urate and th	at mu eigi	ed in Section 119.07(3)(i), Florida Statutes. I further cert mature shall have the same legal effect as if made und	er nath that I am an I		
officer or o	director of the corporation or the recei	ver or trustee empowered to	execute this	report as	required by Chapter 607, Florida Statutes; and that m	y name appears in		
BIDCK 12 (or brock to it changed, or on an attac	nnent windan address.	1		•			