

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90054 041 ***150.00

DOCUMENT # P23083

1. Corporation Name

THE KOVER GROUP, INC.

Principal Place of Business

5800 LOMBARD CENTER
250
INDEPENDENCE OH 44131

Mailing Address

5800 LOMBARD CENTER
250
INDEPENDENCE OH 44131

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 500 W. CYPRESS CREEK

Suite, Apt. #, etc.

27 #580

28 City & State

FT. LAUDERDALE

Zip

29 33309

Country

30 US

3. Date Incorporated or Qualified

02/22/1989

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 owes the current year Intangible

Personal Property Tax.

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

NOVAK, HENRY
450 FAIRWAY DRIVE, SUITE 107
SIXTH FLOOR
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name

HENRY NOVAK

82 Street Address (P.O. Box Number is Not Acceptable)

500 W. CYPRESS CREEK

83

#580

84 City

FT. LAUDERDALE

FL

85 Zip Code

33309

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 of officer or director of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KUBEC, PHILLIP W
STREET ADDRESS 450 FAIRWAY DRIVE, SUITE 107
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE S ☐ DELETE

NAME NOVAK, HENRY
STREET ADDRESS 5800 LOMBARD CENTER STE. 250
CITY-ST-ZIP INDEPENDENCE OH 44131

TITLE VPD ☒ DELETE

NAME STAUBER, DANIEL
STREET ADDRESS 3890 N.W. 132 STREET, BAY K
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE VP ☒ DELETE

NAME ELKIN, MICHAEL
STREET ADDRESS 3890 N.W. 132 STREET, BAY K
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE AS ☒ DELETE

NAME BAUMAN, BRYAN
STREET ADDRESS 2222 PONCE DE LEON BLVD., SUITE 600
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VP ☒ DELETE

NAME KUBEC, MELISSA
STREET ADDRESS 5800 LOMBARD CENTER, SUITE 250
CITY-ST-ZIP INDEPENDENCE OH 44131

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME KUBEC, PHILLIP W.
1.3 STREET ADDRESS 500 W. CYPRESS CREEK #580
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33309

2.1 TITLE S ☒ Change ☐ Addition

2.2 NAME NOVAK, HENRY
2.3 STREET ADDRESS 500 W. CYPRESS CREEK #580
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33309

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0683939