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

## PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY+ST-ZIP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 16 1998 8:00am

Secretary of State

A PARTICULAR PER FACIL MERKE ANGER ANDET KINER RAFEL MATER EREEF ANGER TREES WERE FULL

Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400009094 (1)

HANOVER INVESTMENT, INC.

ĺ									
Principal Place of Business Mailing Address						-	CHE COINE I	ISTAL GENE TODA	
4021 GULF SHORE BLVD. N. 4021 GULF SHORE BLVD. N. UNIT 402 UNIT 402			N.			ŧ.			
NAPLES FL 34103 NAPLES FL 33940						DO NOT WRITE IN THIS SPACE			
us us						3. Date Incorporated or Qualified			7
						01/27/1994			╛
	Place of Business	2a. Mailing Address				4. FEI Number		Applied For	4
21	41 - 42	26				65-0469304		Vot Applicable	4
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	5. Certificate of Status Desired		Additional Required	
City & Stal	e	City & State				6. Election Campaign Financing			4
23		28				Trust Fund Contribution		May Be	1
Zlp	Country			Country		8. This corporation owes or has paid the curre			┪
24	25	5 29 30				Personal Property Tax due June 30. 💢 Yes 🗌 No			
Name and Address of Current Registered Agent						10. Name and Address of New Registered Ag	<u>j</u> ent		l
BA	VIELLO, MICHAEL A JR.		j:	81	Name				)
1025 FIFTH AVE. NORTH			ļ <del>.</del>	82 Street Add		ss (P.O. Box Number is Not Acceptable)			7
NAPLES FL 33940			<u> </u>						_
		'	83					1	
			1	84	City		<b>85</b> Zip	Code	1
						FL_			_
11. Pursuant office or a	to the provisions of Sections 607.050; registered agent, or both, in the State	2 and 607.1508, Florida Statute: of Florida. Such change was at	s, the ab Ithorized	by t	named corpo the corporatio	ration submits this statement for the purpose of con's board of directors, I hereby accept the appoint	nanging ntment a	its registered s registered	1
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flor	ida Statu	ites.		• • • • • • • • • • • • • • • • • • • •		- ·	-
SIGNATURE	Signature, typed or printed name of registered age	nt and title if conficable /MOTE	Registered	Acord	t signature required	d when reinstating) DATE			1
12. OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTO	RS IN 12	18
TITLE	D			1.1 TITLE			Change	Addition	7
NAME	GROSSKOPF, GISELHER	OSSKOPF, GISELHER 121		1.2 NAME					13
STREET ADDRESS	11201 PHOENIX WAY	1.3 S		1.3 STREET ADDRESS					Ì
CITY-ST-ZIP	NAPLES FL 33999		1.4 CITY - S		ZIP				_] &
TITLE	D	☐ DELETE	2.1 TITL	Ę	-   -		Change	Addition	٦٧
NAME	GROSSKOPF, PETRA	2.2 N/		Æ	ł				Į
STREET ADDRESS	1.20111102101111		2.3 STR	2.3 STREET ADDRESS					1
CITY - ST - ZIP			2. 4 CIT		- ZIP		<del></del>	7	1
TITLE		☐ DELETÉ	3.1 TITLE			L	Change	Addition	
NAME				3.2 NAME					
STREET ADDRESS			1	3.3 STREET ADDRESS					1
GITY-ST-ZIP			3.4. CIT		ZIP			Addition	4
TITLE	_ 1		1	4.1 T/TLE 4. 2 NAME		الم	_ Change	TT MODICION	
NAME CERSET ADDRESS					DDDCCC				1
STREET ADDRESS			4,3 STR						
CITY-ST-ZIP TITLE			4.4 C(TY 5.1 T(TL)			<del></del>	Change	Addition	1
NAME		V	5.2 NAM			ے			}

14. I hereby certify that the information supplied with this filling 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

DELETE

SIGNATURE: COMMITTER RED STATES AN EL GROSS CORP 0.07.99 (941) 435-9820