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

CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000007055 (3)

FILED May 08 1998 8:00am Secretary of State

HANOVER FINANCIAL CONSULTANTS, INC. Principal Place of Business Mailing Address 5020 N. TAMIAMI TRAIL 5020 N. TAMIAMI TRAIL SLITE 200 SUITE 200 DO NOT WRITE IN THIS SPACE NAPLES FL 34103 NAPLES FL 33940 3. Date Incorporated or Qualified 01/26/1995 ipal Place of Business
0.5 FIFTH AVE SOUTH 2a. Mailing Address Applied For 65-0575565 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution SO COLLIER This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered 10. Name and Address of New Registered Agent **ELLIOTT, BRIAN** 5020 N. TAMIAMI TRAIL **SUITE 200** NAPLES FL 34103 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 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 agent. I arry aniliar with any accept the obligations of, Section 607.0505, Florida Statutes.

INATURE:

WAST-98 BRIAND, ELLIOTT (NOTE: Registered Agent algosture required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CH TITLE 1.1 TITLE NAME **ELLIOTT, BRIAN** 1.2 NAME 5020 NO TAMIAMI TRAIL STE 200 STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE ☐ Addition STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TILE 3 1 TITLE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZW

14. Thereby 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 receivor 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 pages, or on an attachment with an addrags.

BRIAN M. ELLIOTT 4-29-98 941-649-0006 **SIGNATURE**