

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # P95000074017 (1)**

1. Corporation Name

**HANOVER BUILDING SYSTEMS, INC.**

Principal Place of Business

**6959 NW 27TH COURT  
MARGATE FL 33063**

Mailing Address

**6959 NW 27TH COURT  
MARGATE FL 33063**

APPROVED  
AND  
FILED

56 MAY 10 PM 6:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified **09/22/1995** 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0609831</b>		Applied For Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent

**VILES, NORA  
6959 NW 27TH COURT  
MARGATE FL 33063**

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83	City	<b>508801821425 -05/15/96--01003--009 ***225.00 FL ***225.00</b>

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 Nora Viles Nora Viles President 3-7-96  
Signature, typed or printed name of registered agent and title if applicable. (If not, Registered Agent Signature required when not stating: DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>President</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Nora Viles</b>	1.2 NAME	
STREET ADDRESS	<b>6959 NW 27 Ct.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Margate, FL 33063</b>	1.4 CITY-ST-ZIP	
TITLE	<b>Vice-President</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Harold Viles Jr.</b>	2.2 NAME	
STREET ADDRESS	<b>6959 NW 27 Ct.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Margate, FL 33063</b>	2.4 CITY-ST-ZIP	
TITLE	<b>Secretary</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Elizabeth Viles</b>	3.2 NAME	
STREET ADDRESS	<b>6959 NW 27 Ct.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Margate, FL 33063</b>	3.4 CITY-ST-ZIP	
TITLE	<b>Treasurer</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rocio Donovan</b>	4.2 NAME	
STREET ADDRESS	<b>2850 NW 77 Ct. # 136</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Tamarac, FL 33321</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

*8/25/10*

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)(k), 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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-96

Date

954-345-4658

Date (By Phone)

CR2E034 (12/95)