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 # P95000074017 (1)

HANOVER BUILDING SYSTEMS, INC.

Principal Place of Business

Mailing Address

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

FILED Apr 17 1998 8:00am Secretary of State



MARGATE	MANORIE PL 43003		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	
				09/22/1995	-
	lace of Business	2s. Mailing Address		4. FEI Number	Applied For
		26 320 S	Flamingo R	65-0609831	Not Applicable
Suite, Apt	#, etc. #240	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	broke Pines FL	City & State Pembroke	Pines, FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24 33	027 25 Brown 1d.	29 33027 3	o Brownid.		Yes 🔲 No
	g. Name and Address of Current Re	egistered Agent		10. Name and Address of New Registered	Agent
٧	'ILE\$, NORA		81 Name	arold Uiles. Jr-	
				dress (P.O. Box Number is Net Acceptable)	
MARGATE FL 33063				dress (P.O. Box Number is Net Acceptable)	
			B3 #	107	
			84 City Page	mbroke Pines FL	85 Zip Code 33023
11, Pursuant	to the provisions of Sections 607.0502 ar	nd 607.1508, Florida Statutes	, the above-named cor	rporation submits this statement for the purpose of	f changino its registered
office or r agent. I a	egistered agent, or both, in the State of h im familiar with, and accept the obligation	Jorida. Such change was au ns.of_Section 607.0505, Flori	thorized by the corpora da Statutes.	ation's board of directors. I hereby accept the app	pointment as registered
SIGNATURE	X - All	Vile.	.president	<i>4-13-9</i>	8
SIGNATORIE	Signature, typed printed name of registered agent an	d litle if applicable (NOTE I	Registered Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	P	M DELETE	11 TITLE		Change Addition
NAME	VILES, NORA		12 NAME		
STREET ADDRESS	6959 NW 27TH COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33063	DELETE	1.4 City-St-Zip 2.1 Title		Change Addition
NAME	A MILE HYDOLD ID	C) petric		~1 .	
STREET ADDRESS	VILES, HAROLD JR 6959 NW 27TH COURT		2.2 NAME 2.3 STREET ADDRESS	10108 SW 13 ST	# 107
CITY-ST-ZIP	MARGATE FL 33063		2.4 CITY-ST-ZIP	Pembroke Pines, F	L 330251
TITLE	S	DELETE	31 TITLE	, t. 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Change Addition
NAME	VILES, ELIZABETH	74.	3.2 NAME		
STREET ADDRESS	6959 NW 27TH COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33063		3.4. CITY - ST - ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SALA, FERNANDO		4. 2 NAME		
STREET ADDRESS	16307 NW 17TH COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		4.4 CITY-ST-ZIP		
TITLE	- · · · - · · · · · · · · · · · · · · ·	☐ DELETE	5.1 TITLE	. —————————	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CfTY - ST - ZIP		
TITLE	2 ·	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
0004 07 700	İ		C 4 DITY OF TID		

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 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.