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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000032549 (3)**

THE DOVEN GROUP, INC.

FILED Apr 21 1997 8:00am Secretary of State

|--|

Principal Place of Business	Mailing Address		I 1805/00L JID 10110 01111 00111 00111 00111 00111 01111 01011 01011 01011 01011 01011	
58 LYONS PLACE BASKING RIDGE NEW JERSEY FL 07820	58 LYONS PLACE BASKING RIDGE NEW JERSEY FL 07920-1914			
			3. Date Incorporated or Qualified 04/10/1996	3a. Date of Last Report NA
2. Principal Place of Business	2a. Mailing Address	te	4. FEI Number	Applied For
21 10220 SH 135# Street	26 10220 SH 139	5th Street	22-3439653	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State		6 Floris Operation Figure 2	Fee Required
23 Mismi, FL	28 Minni, PL		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for	
24 33176 25 USA	29 33176	30 USA		☐ Yes X No
9, Name and Address of Cu	rrent Registered Agent		10. Name and Address of New R	egistered Agent
Burt, Frank		81 Name		
777 BRICKELL AVENUE STE 500		82 Street Ad	dress (P.O. Box Number is Not Accepta	ble)
Miami FL 33131		[]		
		83	SAME	
		84 City		85 Zip Code
 Pursuant to the provisions of Sections 607, office or registered agent, or both, in the S agent. I am familiar with, and accept the o 	.0502 and 607.1508, Florida Statut Itale of Florida. Such change was a bligations of, Section 607.0505, Flo	es, the above-named co authorized by the corpor orida Statutes.	rporation submits this statement for the ation's board of directors. I hereby acco	purpose of changing its registered opt the appointment as registered
SIGNATURE Signature, typed or printed name of registers	d seed and tilk if profession (NOT)	£: Rog stered Agent signature reg	the distance of the Control of the C	DATE
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
1/1LE -9-	DELETÉ		Prevident (P)	Change Addition
NAME DOPP, CHRISTIAN E		1,2 NAME	Cheretian 6: Dopp	
STREET ADDRESS 58 LYONS PLACE	\rightarrow	1.3 STREET ADDRESS	10220 SW 1354 Street	Į;
CITY-ST-ZIP NEW JERSEY FL 07920			Mona, FL 33176	i di
TITLE	DELETE	2.1 TIFLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY - ST - ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		j
CITY-ST-ZIP	The same	3.4. CITY - ST - ZIP	and the state of t	
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	44 CITY-ST-ZIP		Change Addition
NAME	шист	51 INLE		E Change E Addition
		5.2 NAMI		
STREET ADDRESS		5.3 STREET ADDRESS		1
CITY-ST-ZIP	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME	[_] ottell	6.2 NAME		Onlingo Recilion
STREET ADDRESS				
· [6.3 STREET ADDRESS		1
CHY-ST-ZIP	all of the deep at a set	6 4 CITY-ST-ZIP	dia Contine (10.07/0Vi) Florida Diot. I	17 15 15 15 15 15 15 15 15 15 15 15 15 15

14. I do 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 eath; 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.

SECONDA DE LA COMETA

4/1/97

305-232-4435