

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000075374

1. Corporation Name
GRAHAM HANOVER, INC.

Principal Place of Business
900 NORTH FEDERAL HIGHWAY
#380
BOCA RATON FL 33432
US

Mailing Address
900 NORTH FEDERAL HIGHWAY
#380
BOCA RATON FL 33432
US

APPROVED AND FILED

99 SEP 28 AM 10:01

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1997

4. FEI Number

65-0778106

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

2. Principal Place of Business
21 100 E. Linton Blvd.

2a. Mailing Address
26 100 E. Linton Blvd.

Suite, Apt. #, etc.
22 Ste. 304 A

Suite, Apt. #, etc.
27 Ste. 304 A

City & State
23 Delray Beach, FL

City & State
28 Delray Beach, FL

Zip Country
24 33483 25

Zip Country
29 33483 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROWE, CYMONE
-900 NORTH FEDERAL HIGHWAY
#800
BOCA RATON FL 33482

100 E. Linton Blvd.
Ste. 304 A
Delray Beach, FL
33483

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|--|
| TITLE | CEO / P | <input type="checkbox"/> DELETE |
| NAME | VOCHE, T.E. | |
| STREET ADDRESS | 8480 WINNIPESAUKEE WAY | |
| CITY-ST-ZIP | LAKE WORTH FL 33435 | |
| TITLE | PT | <input checked="" type="checkbox"/> DELETE |
| NAME | BLACKWOOD, MAGZIL | |
| STREET ADDRESS | 5621 PACIFIC BOULEVARD #3105 | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | |
| TITLE | VP & ST | <input type="checkbox"/> DELETE |
| NAME | ROWE, THEKA | |
| STREET ADDRESS | 6347 LA COSTA DRIVE | |
| CITY-ST-ZIP | BOCA RATON FL 33462 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

05-06-99 90292 014 *** 750-00

14. I 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 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, with all other like empowered.

SIGNATURE: TE. M. VOCHÉ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

COMPTON

CR2034 (1/98)