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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000079068**1. Corporation Name

HANNOVER HORSE FARM, INC.

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90005 049 ***158.75



				•			HANN BENNA F	'1181 INTI 1881	
Principal Place	of Business	Mailing Address	_	··· <u>·</u>	, , , , , , , , , , , , , , , , , , , ,				
3037 BUCKRIDGE TRAIL LOXAHATCHEE FL 33470		3037 BUCKRIDGE TRAIL							
		LOXAHATCHEE FL 33470							
,				•		TE IN THIS SP	ACE		
					3. Date Incorporated or Qualifed	•			
		<u> </u>			09/10/1997	 	1		
2. Principal Pla	ace of Business	2a. Mailing Address			4, FEI Number	•	 	lied For	3
21	•	26			65-0783072			Applicable	::
Suite, Apt_#	#, etc.	Suite, Apt. #, etc	٠ - ت		5. Certifcate of Status Desired	⊠ ′	8.75 A	I	,
22		27			J. 05/11/05/15		Fee Req		
City & State	9	City & State			6. Election Campaign Financing	п	\$5.00 h	- 1	
23		28			Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip	Çou	ntry	8. This corporation owes the curr	rent year Intang	ible	_	
24	25	29	30		Personal Property Tax.			□No	
241	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New I	Registered Age	nt		
····				81 Name	•				
PFEF	RDEKAEMPER, HORST-EWALD	•		82 Street Add	Iress (P.O. Box Number is Not Accept	able)		***	
3037	BUCKRIDGE TR	•		62 Sileer Add		e ii Aario Keine ee ee		de g. Tres per pr	
	AHATCHEE FL 33470			83			机物编辑		
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				84 City		· FL ľ	35 Zip C	oue	
-825 - 521140-5240	607.050	22 CO7 1509 Florida Statu	utos the s	hove-named cor	poration submits this statement for the	purpose of cha	inging its r	registered	
11. Pursuant	to the provisions of Sections 607.030 edistered agent, or both, in the State	of Florida. Such change was	authorized	by the corporat	poration submits this statement for the ion's board of directors. I hereby acce	pt the appointm	ent as reg	jistered	
agent. I a	m familiar with, and accept the obligation	itions of, Section 607.0505, Fl	lorida Stat	utes.		01/141	99		
SIGNATURE	Ibili. m			•	·	01/01/	<u>/ /</u>		
						DATE			
SIGNATURE	Signature typed of printed name of registered age			Agent signature requir	red when reinstating)	DATE EICERS AND I	DIRECTOR	RS IN 12	í
12.	Signature typed or printed name of registered age OFFICERS AN	ID DIRECTORS	13.	<u></u>	ADDITIONS/CHANGES TO OF			RS IN 12	1
	Signature Kyped of printed warms of registered age OFFICERS AN		13. 1.1 Ti	TLE			DIRECTOR		(00)
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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 suppliemental 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.