

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90079 007 ***150.00

DOCUMENT # P97000106226

1. Corporation Name

HOOVER/RALEIGH HOLDINGS, INC.

Principal Place of Business
5750 COLLINS AVE. #4-A
MIAMI BEACH FL 33140

Mailing Address
5750 COLLINS AVE. #4-A
MIAMI BEACH FL 33140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1532 Old Okeechobee Rd.

Suite, Apt. #, etc.

22 # 101

City & State

23 West Palm Beach, FL

Zip

24 33409

Country

25 USA

2a. Mailing Address

26 1532 Old Okeechobee Rd.

Suite, Apt. #, etc.

27 # 101

City & State

28 West Palm Beach, FL

Zip

29 33409

Country

30 USA

3. Date Incorporated or Qualified

12/17/1997

4. FEI Number

65-0826462

Applied For

APPLIED FOR

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

HOOVER, NOEL A
5750 COLLINS AVE. #4-A
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name

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

3610 So. Ocean Blvd.

83 # 306

84 City

So. Palm Beach

FL

85 Zip Code

33480

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HOOVER, NOEL A
STREET ADDRESS 5750 COLLINS AVE. #4A
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE VD ☐ DELETE

NAME AGNELLO-RALEIGH, DEBRAH
STREET ADDRESS 5750 COLLINS AVE. #4A
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 3610 So. Ocean Blvd. #306
1.4 CITY-ST-ZIP So. Palm Beach, FL 33480

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 3610 So. Ocean Blvd #306
2.4 CITY-ST-ZIP So. Palm Beach, FL 33480

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *NOEL A. HOOVER* GUNBEDA Hoover

4/30/99 (561) 687-7240

Date Daytime Phone #

CR2E034 (11/98)

0208928