

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S17293

(9)

1. Corporation Name

DOVER GROUP, INC.



Principal Place of Business

Mailing Address

% UNITED CORPORATE SERVICES INC.  
801 NORTHEAST 167TH STREET, SUITE 300  
NORTH MIAMI BEACH FL 33162

% UNITED CORPORATE SERVICES INC.  
801 NORTHEAST 167TH STREET, SUITE 300  
NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified

12/10/1990

3a. Date of Last Report

02/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3043057

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES INC.  
801 NORTHEAST 167TH STREET  
SUITE 300  
NORTH MIAMI BEACH FL 33162

81 Name

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

83

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 agree to the obligations of, Section 607.05, Florida Statutes.

SIGNATURE

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

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
CFO	CROWE, KEVIN E	825 THIRD AVE	NEW YORK NY	<input type="checkbox"/>
DC	CROWE, KEVIN E	825 THIRD AVE	NEW YORK NY	<input type="checkbox"/>
TC	LANTHIER, ELISA M.	825 3RD AVE.	NEW YORK NY	<input type="checkbox"/>
P	CUNNINGHAM, GERALD	825 THIRD AVE	NEW YORK NY 10022	<input type="checkbox"/>
S	ZYTKOWICZ, GREGORY C.	825 THIRD AVENUE	NEW YORK NY	<input type="checkbox"/>
SV	ALBRIGHT, THOMAS E	825 3RD AVE.	NEW YORK NY 10022	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-96

707-258-5000

CR2E034 (12/95)