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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997/997

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



DOCUMENT # 818703 (1)

1. Corporation Name
AIDEN INC



Principal Place of Business: C/O HENRY V. HOWLEY, 1141 S. OCEAN BLVD., DELRAY BEACH FL 33483

Mailing Address: C/O HENRY V. HOWLEY, 1141 S. OCEAN BLVD., DELRAY BEACH FL 33483-6514

3. Date Incorporated or Qualified: 02/06/1965

3a. Date of Last Report: 01/19/1996

4. FEI Number: 13-1885918

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. 199.05, Florida Statutes: Yes No

2. Principal Place of Business (21-24)

2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent
HOWLEY, HENRY V
1141 SO OCEAN BLVD
DELRAY BCH FL 33483

10. Name and Address of New Registered Agent (81-85)

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 principal 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: Henry Howley, President (1/3/97)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	HOWLEY, HENRY V	
STREET ADDRESS	1141 S. OCEAN BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HOWLEY, GERALDINE	
STREET ADDRESS	1141 S. OCEAN BLVD.S	
CITY-ST-ZIP	DELRAY BCH. FL	
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

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

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3/18/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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. I am an officer or director of the corporation or the receiver or trustee or power to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, and that of each other agent, in an attached address.

3/13/97 261-2722111