

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR-4 AM 11:43

DOCUMENT # **841472** (4)

1. Corporation Name
HILDEBRANDT, INC.

Principal Place of Business: **50 DIVISION ST., SUITE 501 SOMERVILLE NJ 08876**
Mailing Address: **50 DIVISION ST., SUITE 501 SOMERVILLE NJ 08876**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/20/1978**
3a. Date of Last Report: **02/08/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		13-2813131		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		30	
Zip		Country		Zip		Country	
25		29		25		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKINS, DONALD	1.2 NAME	
STREET ADDRESS	2625 N.JOSEY LN., #301	1.3 STREET ADDRESS	
CITY- ST- ZIP	CARROLLTON TX	1.4 CITY- ST- ZIP	
TITLE	DSC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILDEBRANDT, BRADFORD W	2.2 NAME	
STREET ADDRESS	50 DIVISION ST., #501	2.3 STREET ADDRESS	
CITY- ST- ZIP	SOMERVILLE, NJ 08800	2.4 CITY- ST- ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMAN, JACK	3.2 NAME	
STREET ADDRESS	3645 WARRENSVILLE CNT RD	3.3 STREET ADDRESS	
CITY- ST- ZIP	SHAKER HEIGHTS, OH 0	3.4 CITY- ST- ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKART, RANDOLPH	4.2 NAME	
STREET ADDRESS	50 DIVISION ST., #501	4.3 STREET ADDRESS	
CITY- ST- ZIP	SOMERVILLE NJ	4.4 CITY- ST- ZIP	
TITLE	TM	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONET, PATRICIA M.	5.2 NAME	
STREET ADDRESS	241 SEVILLE AVE., #800	5.3 STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES FL	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 of this report, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randolph J. Burkart / secy

3/28/95 (908) 705-1600
Date Title