

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**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

2. Principal Place of Business: **21 200 Cottontail Lane**

2a. Mailing Address: **26 200 Cottontail Lane**

23. City & State: **Somerset, NJ**

28. City & State: **Somerset, NJ**

24. Zip: **08873** 25. Country: **USA** 29. Zip: **08873** 30. Country: **USA**

3. Date Incorporated or Qualified: **09/20/1978**

4. FEI Number: **13-2813131**

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 owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**

10. Name and Address of New Registered Agent:

B1 Name: \_\_\_\_\_

B2 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

B3 \_\_\_\_\_

B4 City: \_\_\_\_\_ B5 Zip Code: **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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AKINS, DONALD</b>	1.2 NAME	<b>AKINS, DONALD</b>
STREET ADDRESS	<b>14901 QUORUM DR, STE 525</b>	1.3 STREET ADDRESS	<b>5811 Pelican Bay Boulevard, Suite 200</b>
CITY - ST - ZIP	<b>DALLAS TX</b>	1.4 CITY - ST - ZIP	<b>Naples, Florida 34108</b>
TITLE	<b>DSC</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILDEBRANDT, BRADFORD W</b>	2.2 NAME	<b>Hildebrandt Bradford W.</b>
STREET ADDRESS	<b>50 DIVISION ST., #501</b>	2.3 STREET ADDRESS	<b>5811 Pelican Bay Boulevard, Suite 200</b>
CITY - ST - ZIP	<b>SOMERVILLE, NJ 08000</b>	2.4 CITY - ST - ZIP	<b>Naples, Florida 34108</b>
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KAUFMAN, JACK</b>	3.2 NAME	<b>AS</b>
STREET ADDRESS	<b>3845 WARRENSVILLE CNT RD</b>	3.3 STREET ADDRESS	<b>Christine F. Canfield</b>
CITY - ST - ZIP	<b>SHAKER HEIGHTS, OH 0</b>	3.4 CITY - ST - ZIP	<b>200 Cottontail Lane</b>
TITLE	<b>S</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BURKART, RANDOLPH</b>	4.2 NAME	<b>S/O</b>
STREET ADDRESS	<b>50 DIVISION ST., #501</b>	4.3 STREET ADDRESS	<b>Charles J. Santangelo</b>
CITY - ST - ZIP	<b>SOMERVILLE NJ</b>	4.4 CITY - ST - ZIP	<b>5811 Pelican Bay Boulevard, Suite 200</b>
TITLE	<b>T</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, C RANDEL</b>	5.2 NAME	<b>T/O/M</b>
STREET ADDRESS	<b>P.O BOX 856 N/A</b>	5.3 STREET ADDRESS	<b>Lewis, C. Randel</b>
CITY - ST - ZIP	<b>GOLDEN CO</b>	5.4 CITY - ST - ZIP	<b>21583 Mountsfield Drive</b>
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 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.

SIGNATURE: *Christine F. Canfield* 4/15/98 732-540-8888

CR2E034 (10/97)