

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

FILED  
Apr 24 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 # 690626 (7)  
1. Corporation Name  
HYDE PARK MAZE, INCORPORATED



Principal Place of Business  
1007 S ROME AVE  
TAMPA FL 33606

Mailing Address  
1007 S ROME AVE  
TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1001 S. ROME AVE. Suite, Apt. #, etc. 22 City & State 23 TAMPA, FL. Zip 24 33606		2a. Mailing Address 26 1101 S. DAKOTA AVE. Suite, Apt. #, etc. 27 APT. #2 City & State 28 TAMPA FLA. Zip 29 33606		3. Date Incorporated or Qualified 06/17/1981	
				4. FEI Number 59-2305629	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WARNER, MELVIN 1001 S. ROME AVE. TAMPA FL 33606				10. Name and Address of New Registered Agent 81 Name ROSEMARY L. STEARNS 82 Street Address (P.O. Box Number is Not Acceptable) 1101 S. DAKOTA AVE. 83 APT. #2 84 City TAMPA FL 85 Zip Code 33606			
--	--	--	--	---	--	--	--

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 *Rosemary L. Stearns - Secretary* 4/20/98  
Signature, typed or printed name of registered agent and the 4 applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WARNER, MELVIN			1.2 NAME	DAN H. MARSHALL II		
STREET ADDRESS	1001 S. ROME			1.3 STREET ADDRESS	7801 N. LAMAR, SUITE D-84		
CITY-ST-ZIP	TAMPA, FL 00000			1.4 CITY-ST-ZIP	AUSTIN, TEXAS 78752		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WARNER, MATTHEW C.			2.2 NAME	ROSEMARY L. STEARNS		
STREET ADDRESS	1001 S. ROME			2.3 STREET ADDRESS	1101 S. DAKOTA AVE. #2		
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP	TAMPA, FL 33606		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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 *Rosemary L. Stearns - Secretary* 4/20/98 512-2540363

CR2E034 (10/97)