

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 # **F95000004076 (4)**

1. Corporation Name
HILDON LIMITED U.S.A., INC.



Principal Place of Business: **C/O BETTERMAN KATELMAN & HOTZ 444 REGENCY PKWY DR #302 OMAHA NE 68114**
Mailing Address: **C/O BETTERMAN KATELMAN & HOTZ 444 REGENCY PKWY DR #302 OMAHA NE 68114**

3. Date Incorporated or Qualified: **08/22/1995**
3a. Date of Last Report: _____
4. FEI Number: **47-0787005**
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

2. Principal Place of Business: **21 12681 MAYPAN DR. BOCA RATON, FL 33428**
2a. Mailing Address: **26 12681 MAYPAN DR. BOCA RATON FL 33428**
22. City & State: **BOCA RATON, FL**
27. City & State: **BOCA RATON FL**
23. Zip: **33428**
28. Zip: **33428**
24. Country: **USA**
29. Country: **USA**

9. Name and Address of Current Registered Agent

**KATELMAN, GARY
12681 MAYPAN DR
BOCA RATON FL 33428**

10. Name and Address of New Registered Agent

81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____
85 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 provisions of Section 607.0502, Florida Statutes.

SIGNATURE: *Gary A Katelman* **GARY A KATELMAN** **1/29/96**
Signature, typed or printed name of registered agent and title, if applicable. (Title: Registered Agent signature required when re-registered)

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	KATELMAN, GARY	
STREET ADDRESS	444 REGENCY PKWY DR #302	
CITY - ST - ZIP	OMAHA NE 68114	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	KATELMAN, LORRIE F	
STREET ADDRESS	444 REGENCY PKWY DR #302	
CITY - ST - ZIP	OMAHA NE 68114	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DJALALI, SIAMAK F	
STREET ADDRESS	444 REGENCY PKWY DR #302	
CITY - ST - ZIP	OMAHA NE 68114	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DJALALI, BETH F	
STREET ADDRESS	444 REGENCY PKWY DR #302	
CITY - ST - ZIP	OMAHA NE 68114	
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 IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	KATELMAN GARY
13 STREET ADDRESS	12681 MAYPAN DR.
14 CITY - ST - ZIP	BOCA RATON FL 33428
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	KATELMAN LORRIE F
23 STREET ADDRESS	12681 MAYPAN DR.
24 CITY - ST - ZIP	BOCA RATON FL 33428
3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DJALALI, SIAMAK F
33 STREET ADDRESS	4771 COUNTRY RD WEST
34 CITY - ST - ZIP	MINNETONKA, MN 55345
4. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	DJALALI BETH F
43 STREET ADDRESS	4771 COUNTRY RD WEST
44 CITY - ST - ZIP	MINNETONKA, MN 55345
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(3)(k), 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: *Gary A Katelman* **GARY A KATELMAN** **1/29/96** **407 883 5523**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)