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

PROFIT CORPORATION ANNUAL REPORT

1997

STHEET ACCORESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 15 1997 8:00am

Secretary of State

0529543

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600000187 (2) 1. Corporation Name

HIDEAWAY BAY APARTMENTS LIMITED, INC.

Principal Place of Business Mailing Address 30 ST CLAIR AVENUE WEST, STE 1100 30 ST CLAIR AVENUE WEST, STE 1100 TORONTO TORONTO ONTARIO, CANADA M4V 3A1 ONTARIO, CANADA M4V 3A1 3. Date Incorporated or Qualified 3a. Date of Last Report 01/10/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 58-1953574 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζip Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **HUNINK, CHERYL** 2550 ALAFAYA TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32826 83 84 City Zip Code 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 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 96/6) 12 13. PCD DELETE Change 1 1 Title TITLE MEDOFF, RONALD 1.2 NAME 30 ST CLAIR AVE., W., STE 1100 1.3 STREET ADDRESS STREET ADDRESS TORONTO ONTARIO CANADA CHY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 21 TITLE 1111.6 HOFFER, MAYER 2.2 NAME 30 ST CLAIR AVE., W., STE 1100 2.3 STREET ADDRESS STREET ADDRESS TORONTO ONTARIO CANADA 2 4 CITY-ST-ZIP CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - 2IF THILE DELETE 4.1 TITLE Change Addition 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - 71F DELETE Change Addition 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE Change DILE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADORESS

EQUIFIR anald Medoff

14. I do 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR