## FILE NOW: FILING FEE AFTER MAY 1 IS \$!

**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTM

Sandra B. <u>L</u>

Secretary of Sta-

DIVISION OF CORPORATIONS FILED DOCUMENT # F96000004709 97 SEP 11 PM 4: 05 HIDDEN OAK RANCH, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address c/o De Fiore, Penn & Casinelli (Same) 888 W. Big Beaver Rd Suite 1440 3. Date Incorporated or Qualified 3a. Date of Last Report Troy, MI 48084 9/12/97 N/A 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 38-3185427 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, X Yes No 30 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JARVIS WILLIAMS Eleasor (william) Street Address (P.O. Box Number is Not Acceptable)

Chata worth bread Circle 3853 Chatsworth Green Circle Unit #18 83 Sarasota, FL34235 M4 #18 84 City yarusoti, 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 objections of Section 607.0505, Florida Statutes.

SIGNATURE

SIGNATURE SIGNATURE (NOTE Registered Agent signature required when re-instating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 11 TITLE Change Addition TITLE 1.2 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITI F 2.1 TITLE 500002293725--s NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS \*\*\*\*165.00 \*\*\*\*165.00 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET DORESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4 1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 44 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 DITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 61 TITLE

64 CITY - ST - ZIP CITY-ST-ZIP 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.2 NAME 63 STREET ADDRESS

NAME

STREET ADDRESS

Cleanor S

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ile This Form.