


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

NOTE: NO NOTICE WAS RECEIVED
TO FILE THIS FORM

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98 OCT 26 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004709
1. Corporation Name

HIDDEN OAK RANCH INC.

Principal Place of Business Mailing Address
c/o DeFiore, Penn & Casinelli, PC
888 W. Big Beaver, Suite 1440
Troy, MI 48084

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		38-3185427		<input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		5. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		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

10. Name and Address of New Registered Agent

Jarvis Williams
3853 Chatsworth Greene Circle
Unit 18
Sarasota, FL 34235

81 Name Eleanor S. Williams
82 Street Address (P.O. Box Number is Not Acceptable)
3853 Chatsworth Green Circle
Unit 18
84 City Sarasota, FL 85 Zip Code 34235

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

Eleanor S. Williams
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Oct 20, 1998
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE President <input checked="" type="checkbox"/> DELETE		1.1 TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME Jarvis Williams		1.2 NAME Eleanor S. Williams	
1.3 STREET ADDRESS 1450 Temple City		1.3 STREET ADDRESS 1450 Temple City	
1.4 CITY-ST-ZIP Troy, MI 48099		1.4 CITY-ST-ZIP Troy, MI 48099	
2.1 TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP 300002675173--2	
3.1 TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 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:

Eleanor S. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-98

(2)

October 5, 1998

Eleanor S. Williams
PO Box 627
Troy, MI 48099

Division of Corporations
Annual Report Section
PO Box 6327
Tallahassee, FL 32314

Ref.: #F96000004709


Dear Sir/Madam,

Please find enclosed the 1998 Profit Corporation Annual Report for Hidden Oak Ranch, Inc. along with a check in the amount of \$ 150.00 for the filing fee.

I would like to respectfully request an abatement of the late filing penalty due to the fact that the report was sent to a different address and I was unaware of the filing due date. I have initiated procedures to ensure that this form will be filed on a timely basis in the future.

Thank you for your consideration in this matter.

Sincerely yours,


Eleanor S. Williams