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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F96000004709

HIDDEN OAK RANCH, INC.

	e of Business										
888 W. BIG BEA			Mailing Address								
	% de Fiore. Penn & Casinelli. PC 888 W. Big Beaver Rd Suite 1440 Troy Mi 48884			% DE FIORE. PENN & CASINELLI. PC 888 W. BIG BEAVER RD SUITE 1440 TROY MI 48084				DO NOT WRITE IN THIS SPACE			
INUT MI 40004			IUO1 MI 40004					3. Date Incorporated or Qualifed			
								09/12/1996		1	
2. Principal P	face of Business	12	a. Mailing A	Address	·			4. FEI Number	Appl	ied For	
— ·	21			26				38-3185427	Not /	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	75 Ad	Iditional	
22			27					5. Certificate of Status Desired	e Requ	uired	
City & State			City & State						. 00 м		
23			28					Trust Fund Contribution Ad	ded to	Fees	
Zip	Cour	· –	Zip	1	_	intry		8. This corporation owes the current year Intangible		7.4.	
24	25	2:			30			Personal Property Tax. Yes	, L	□No	
	9. Name and Add	Iress of Current Rep	istered Age	ent		81	Name	10. Name and Address of New Registered Agent			
WILL	IAMS, ELEANOR S					"	Name				
	CHATSWORTH G				82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
UNIT						83					
	ASOTA FL 34235				03						
						84	City	FL 85	Zip Co	ode	
44 - D	4- M	totions 507 0502 and	607 1509	Elorida Statute	oc the a	hove	-named corno	pration submits this statement for the nurnose of changing	na its re	egistered	
office or r	enistered agent or ho	oth in the State of Fig	nida Such d	change was a	utnonzeo	י עם נ	ine corporation	n's board of directors. I hereby accept the appointment	as regi	stered	
agent. I a	m familiar with, and a	ccept the obligations	of, Section 6	607.0505, Floi	ida Stat	utes.		•			
SIGNATURE	Signature, typed or printed na	ame of registered asset and t	tle if emicable	(NOTE:	Registerer	Ageat	t signature required	when reinstating) DATE			
12.	Signature, typed or printed in	OFFICERS AND DI		(13.			ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTOP	S IN 12	
								ADDITIONS/CHANGES TO OFF TOERS AND OFF	-0101		
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NAME STREET ADDRESS				□ DELETE	1.1 TI 1.2 N	AME					
NAME	1450 TEMPLE CIT			□ DELETE	1.1 TI 1.2 N	AME TREET			ange		
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90064 021 ***150.00