FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthani
Secretary of State
DIVISION OF CORPORATIONS

1996

G00239

(5)

DOCUMENT #
1. Corporation Name

	NN U. HYU	e construct	IUN, IN	C.				·** · · · · · · · ·	-						
Principal Place of Business Mailing Address														910 G1G11 91971 II	
21411 S. W. 248TH STREET PRINCTON FL 33031				21411 S. W. 248TH STREET PRINCTON FL 33031											
										Incorporated or Quali 9/13/1982	ified		e of Last F 04/27/1		
2. Principal P	Place of Busines	SS .	2a.	Mailing Address					4. FEI1					Applied For	
21			26	. ,	,,					59-2230399				Not Applicat	
Suite, Apt.	Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired					\$8.75 Additional Fee Required	
City & Stat	ite		28	City & State					1	ion Campaign Financi Fund Contribution	ng			May Be	
7ip 24	-	Country 25	29	Zip	30	untry				corporation has liabilit Ja Statutes	,	tangible t	ax under s	199.032,	
	9. Name a	and Address of Curr	ent Regis	tered Agent		Ţ			10, Nan	e and Address of N	ew Re	glstered	Agent		
						81	Na	ame							
HYDE, GLENN D 21411 S. W. 248TH STREET						82	Street Addre:		ress (P.O. Be	ess (P.O. Box Number is Not Acceptable)					
	ESTEAD FL 3					83						-			
						1							 a= 7	- 0 - 1	
						84	Cı	ity				FL	_ 85 Z	p Code	
or registe	ered agent, or b	ns of Sections 607.05 both, in the State of Fic table obligations of Se	orida. Such	r change was auth	norized by the	corp	orati	ion's boa	rd of directo	s. I hereby accept the	appoir	ntment a	s registered	заденя. гал	
or registe familiar w SIGNATURE	ered agent, or t vith, and accep	ooth, in the State of Flo t the obligations of, Se r protection and of register Jag	orida, Such action 607.	i change was auth 0505, Florida Stat.	norized by the sites. (NOTE Bayesters	corp	orati	ion's boa	ird of directo a when reastable	rs. I hereby accept the	e appoir	DATI	·····		
or registe familiar w SIGNATURE	ered agent, or t vith, and accep	ooth, in the State of Flo t the obligations of, Se	orida, Such action 607.	n change was auth 0505, Florida Stati aवर्ष DTORS	norized by the lates. (NOTE Brighters 13.	corpx	orati	ion's boa	ird of directo a when reastable	rs. I hereby accept the	e appoir	DATE ERS ANI	·····		
or registe familiar w SIGNATURE 12.	ered agent, or by with, and accept Signature, typed or	ooth, in the State of File tithe obligations of, Se reputed have of regional Jaj OFFICERS A	orida, Such action 607.	i change was auth 0505, Florida Stat.	norized by the sites. (NOTE Brighters 1.1	corp	orati	ion's boa	ird of directo a when reastable	rs. I hereby accept the	e appoir	DATE ERS ANI	D DIRECTO	DRS IN 12	
or registe familiar w SIGNATURE 12. TITLE NAME	ered agent, or the vith, and accept signature types of P HYDE,	ooth, in the State of Flo t the obligations of, Se r protection and of register Jag	orida, Such action 607.	n change was auth 0505, Florida Stati aवर्ष DTORS	(NOTE Bigotare 1.1.1 1.2.1	corps	orat	ion's boar	ird of directo a when reastable	rs. I hereby accept the	e appoir	DATE ERS ANI	D DIRECTO	DRS IN 12	
or registe familiar w SIGNATURE	P HYDE, 121411	ooth, in the State of Fix the obligations of, Se runked have of register Lag OFFICE HS A	orida, Such action 607.	n change was auth 0505, Florida Stati aवर्ष DTORS	#### Registers #### Registers 13. 1.1 1.21	corpx c Agen T TLE NAME	orat it seri	ion's boar	ird of directo a when reastable	rs. I hereby accept the	e appoir	DATE ERS ANI	D DIRECTO	DRS IN 12	
or registe familiar w SIGNATURE 12. TITLE NAME SIMEET ADDRESS	P HYDE, 121411	poth, in the State of Fix the obligations of, Se remission of region 1 ag OFFICERS A GLENN D SW 248 ST	orida, Such action 607.	n change was auth 0505, Florida Stati aवर्ष DTORS	## ## ### ############################	COTEX C Agen T TLE NAME STREET	orat it seri	ion's boar	ird of directo a when reastable	rs. I hereby accept the	e appoir	DATE ERS ANI	D DIRECTO	DRS IN 12	
or registe familiar w SIGNATURE 12. THE NAME STREET ADDRESS CHY-ST-ZIP THE	P HYDE, 121411	poth, in the State of Fix the obligations of, Se remission of region 1 ag OFFICERS A GLENN D SW 248 ST	orida, Such action 607.	n change was auth 0505, Florida Stat DTORS	### Registers ###################################	COTPX C Agen T TLE NAME STREET DITY-S	orat it seri	ion's boar	ird of directo a when reastable	rs. I hereby accept the	e appoir	DATE ERS ANI	D DIRECTO	DRS IN 12 ☐ Additio	
or registe familiar w SIGNATURE 12. TITLE NAME STREET ADDRESS CITY+ST-ZIP	P HYDE, 1 21411 HOMES	poth, in the State of Fix the obligations of, Se remission of region 1 ag OFFICERS A GLENN D SW 248 ST	orida, Such action 607.	n change was auth 0505, Florida Stat DTORS	eWH Rigoters 1.1 1.1 1.2 1.3 1.4 2.1 2.21	CORPA A A A A A A A A A A A A A A A A A A	orat it sogn ADDI	ion's boar	ird of directo a when reastable	rs. I hereby accept the	e appoir	DATE ERS ANI	D DIRECTO	DRS IN 12 ☐ Additio	
or registe familiar w SIGNATURE 12. THE NAME STREET ADDRESS CITY - ST- ZIP THE NAME STREET ADDRESS CITY - ST- ZIP	P HYDE, 1 21411 HOMES	poth, in the State of Fix the obligations of, Se remission of region 1 ag OFFICERS A GLENN D SW 248 ST	orida, Such action 607.	n change was auth 0505, Florida Stat. ALL WHE CTORS DELETE	### Rigidant ###################################	CORPA TILE NAME STREET DITY-S THLE NAME STREET	orat ht syr Abbi Abbi Abbi	ion's boar	ird of directo a when reastable	rs. I hereby accept the	e appoir	DATI	D DIRECTO ☐ Change ☐ Change	DRS IN 12 ☐ Addition	
or registe familiar w SIGNATURE 12. TITLE NAME STHEEF ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	P HYDE, 1 21411 HOMES	poth, in the State of Fix the obligations of, Se remission of region 1 ag OFFICERS A GLENN D SW 248 ST	orida, Such action 607.	n change was auth 0505, Florida Stat DTORS	eWH Rigolate 1.1 1.1 1.2 1.3 1.4 2.1 2.21 2.33 2.44 3.1	CORPX C Agen I THE NAME STREET THE NAME STREET THE THE THE THE THE THE THE THE THE	orat ht syr Abbi Abbi Abbi	ion's boar	ird of directo a when reastable	rs. I hereby accept the	e appoir	DATI	D DIRECTO	DRS IN 12 ☐ Additio	
or registe familiar w SIGNATURE 12. TITLE NAME STREET ADDRESS OITY-ST-ZIP TITLE NAME STREET ADDRESS OITY-ST-ZIP TITLE NAME	P HYDE, 1 21411 HOMES	poth, in the State of Fix the obligations of, Se remission of region 1 ag OFFICERS A GLENN D SW 248 ST	orida, Such action 607.	n change was auth 0505, Florida Stat. ALL WHE CTORS DELETE	### Rigotes #### Rigotes 13	COMPANDED TO THE STREET TO THE	orati Abbi Abbi Abbi	RESS	ird of directo a when reastable	rs. I hereby accept the	e appoir	DATI	D DIRECTO ☐ Change ☐ Change	DRS IN 12 ☐ Addition	
or registe familiar w SIGNATURE 12. TITLE NAME STREET ADDRESS OITY-ST-ZIP TITLE NAME STREET ADDRESS OITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	P HYDE, 1 21411 HOMES	poth, in the State of Fix the obligations of, Se remission of region 1 ag OFFICERS A GLENN D SW 248 ST	orida, Such action 607.	n change was auth 0505, Florida Stat. ALL WHE CTORS DELETE	### Rigidate ####################################	COMPANDED TO THE STREET	Abbit	RESS	ird of directo a when reastable	rs. I hereby accept the	e appoir	DATI	D DIRECTO ☐ Change ☐ Change	DRS IN 12 ☐ Addition	
or registe familiar w SIGNATURE 12. TITLE NAME STREET ADDRESS OITY-ST-ZIP	P HYDE, 1 21411 HOMES	poth, in the State of Fix the obligations of, Se remission of region 1 ag OFFICERS A GLENN D SW 248 ST	orida, Such action 607.	n change was auth 0505, Florida Stat. DORS □ DELETE □ DELETE	### Rigides ###################################	COMPAGE AS A STREET TO THE STREET TO THE STREET TO THE STREET TO THE STREET AME	Abbit	RESS	ird of directo a when reastable	rs. I hereby accept the	e appoir	DATI DE PIS ANI	D DIRECTO ☐ Change ☐ Change ☐ Change	DRS IN 12 ☐ Addition	
or registe familiar w SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	P HYDE, 1 21411 HOMES	poth, in the State of Fix the obligations of, Se remission of region 1 ag OFFICERS A GLENN D SW 248 ST	orida, Such action 607.	n change was auth 0505, Florida Stat. ALL WHE CTORS DELETE	### Rigidate Union #### ### #### ##### #### #### #### #### #### ##### #### #### ######	COMPANDED TO THE STREET TO THE	Abbit	RESS	ird of directo a when reastable	rs. I hereby accept the	e appoir	DATI DE PIS ANI	D DIRECTO ☐ Change ☐ Change	DRS IN 12 Addition Addition Addition	
or registe familiar w SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	P HYDE, 21411 HOMES	poth, in the State of Fix the obligations of, Se remission of region 1 ag OFFICERS A GLENN D SW 248 ST	orida, Such action 607.	n change was auth 0505, Florida Stat. DORS □ DELETE □ DELETE	### Rigolate ####################################	COMPAGE AS A STREET TO THE STREET TO THE STREET TO THE STREET TO THE STREET AME	orati Abbi - Zif Abbi - Zif T Abbi - Zif	RESS	ird of directo a when reastable	rs. I hereby accept the	e appoir	DATI DE PIS ANI	D DIRECTO ☐ Change ☐ Change ☐ Change	DRS IN 12 Addition Addition Addition	
or registe familiar w SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	P HYDE, 21411 HOMES	poth, in the State of Fix the obligations of, Se remission of region 1 ag OFFICERS A GLENN D SW 248 ST	orida, Such action 607.	□ OFLETE	orized by the utes. #### Rigotese 1.1 1.2 1.3 1.4 2.1 2.1 2.1 2.3 3.4 4.1 4.1 4.1 4.1 4.3 4.3	COMPONENT OF THE PROPERTY OF T	ADDI - Z F T ADDI - Z F T ADDI - Z F	RESS RESS RESS	ird of directo a when reastable	rs. I hereby accept the	e appoir	DATI DE PIS ANI	D DIRECTO ☐ Change ☐ Change ☐ Change	DRS IN 12 Addition Addition Addition	
OF FEGISTE FAMILIARY WAS SIGNATURE. 12. TITLE NAME STREET ADDRESS CITY-S1-ZIP	P HYDE, 21411 HOMES	poth, in the State of Fix the obligations of, Se remission of region 1 ag OFFICERS A GLENN D SW 248 ST	orida, Such action 607.	n change was auth 0505, Florida Stat. DORS □ DELETE □ DELETE	orized by the utes. #### Rigotese 1.1 1.2 1.3 1.4 2.1 2.21 2.35 2.4 3.1 3.21 3.3 3.4 4.1 4.21 4.33 4.4(4) 4.41 4.41 4.41 4.41 4.41 4.41 4.41 4.	COMPANDED TO THE MAME STREET TO	ADDI - Z F T ADDI - Z F T ADDI - Z F	RESS RESS RESS	ird of directo a when reastable	rs. I hereby accept the	e appoir	DÁTI BERS ANI	D DIRECTO ☐ Change ☐ Change ☐ Change	DRS IN 12 Addition Addition Addition	
OF FEGISTE FAMILIARY SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	P HYDE, 21411 HOMES	poth, in the State of Fix the obligations of, Se remissions of region 1 ag OFFICERS A GLENN D SW 248 ST	orida, Such action 607.	□ OFLETE	orized by the utes. ###################################	COMPA TILE LIAME STREET CITY-S TITLE LIAME STREET CITY-S TITLE LIAME STREET LIAME STREET LIAME STREET LIAME STREET LIAME STREET LIAME STREET LIAME LIAME STREET LIAME L	ADDI - Z F T ADDI - Z F T ADDI - Z F	RESS RESS RESS	ird of directo a when reastable	rs. I hereby accept the	e appoir	DÁTI BERS ANI	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition	
or registe familiar w SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	P HYDE, 21411 HOMES	poth, in the State of Fix the obligations of, Se remissions of region 1 ag OFFICERS A GLENN D SW 248 ST	orida, Such action 607.	□ OFLETE	orized by the utes. #### Rigides 13. 1.1	COMPA TILE LIAME STREET CHY-S THLE NAME STREET CHY-S THLE NAME STREET CHY-S THLE NAME STREET THLE NAME STREET THLE NAME STREET THLE NAME	ADDI ADDI ADDI ADDI ADDI ADDI ADDI ADDI	RESS	ird of directo a when reastable	rs. I hereby accept the	e appoir	DÁTI BERS ANI	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition	
or registe familiar w SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P HYDE, 21411 HOMES	poth, in the State of Fix the obligations of, Se remissions of region 1 ag OFFICERS A GLENN D SW 248 ST	orida, Such action 607.	□ OFLETE	orized by the cites. #### Rigides 13. 1.1	COMPA TITLE INAME STREET TOLE NAME	ADDI - ZIF	RESS PRESS	ird of directo a when reastable	rs. I hereby accept the	e appoir	DÁTI BERS ANI	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition	
OF REGISTE FAMILIES AND RESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	P HYDE, 21411 HOMES	poth, in the State of Fix the obligations of, Se remissions of region 1 ag OFFICERS A GLENN D SW 248 ST	orida, Such action 607.	□ OFLETE	orized by the cites #### Rigides ###################################	COMPACTOR OF THE COMPACT OF THE COMP	ADDI - ZIF	RESS PRESS	ird of directo a when reastable	rs. I hereby accept the	e appoir	DÁTI ERS ANI	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition	
or registe familiar w SIGNATURE 12. TITLE NAME STREET ADDRESS OITY-ST-ZIP	P HYDE, 21411 HOMES	poth, in the State of Fix the obligations of, Se remissions of region 1 ag OFFICERS A GLENN D SW 248 ST	orida, Such action 607.	DELETE	orized by the cites. #### Rigides ###################################	COTPA TILE TILE NAME STREET STREE	ADDI - ZIF	RESS PRESS	ird of directo a when reastable	rs. I hereby accept the	e appoir	DÁTI ERS ANI	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition Addition	
Or registe familiar w SIGNATURE 12. TITE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P HYDE, 21411 HOMES	poth, in the State of Fix the obligations of, Se remissions of region 1 ag OFFICERS A GLENN D SW 248 ST	orida, Such action 607.	DELETE	orized by the cites. #### Rigides ###################################	COTPA TILE TILE NAME STREET CHY-S TITLE NAME STREET S	ADDI - ZIE	RESS PARESS	ird of directo a when reastable	rs. I hereby accept the	e appoir	DÁTI ERS ANI	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition Addition	

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 this 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 13-1 grianged, or on an attachment with an address.

SIGNATURE: /

Sand Har Class DILLE CONTROL OF DESIGNING OFFICER OR DIRECTOR

2/26/96

1905-948-1579 Daytinie Prione # SR2E034 (12/9