## 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

## Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90054 038 \*\*\*158.75

DOCU	MEN # H5326	1					
i. Corporatio	n Name						
HIDDI	INVESTMENTS, INC.						
Principal Place of Business Mailing Address					1 (86) Att Bran Wrinn colla inem Brinn rint mant.	81811 B1811 B1811 1	OLONI CIONI LEGI
LI'L RASCALS		% DOUG MILLARD					
1911 N. 66TH AVE. 1083 NW 97 AVE							
HOLLYWOOD FL 33024 PLANTATION FL 33322					DO NOT WRITE IN THIS	SPACE	
		U\$			3. Date Incorporated or Qualifed		ļ
					04/22/1985	7-1-	
· '	ncipal Place of Business 2a. Mailing Address				4. FEI Number	L	plied For
21 26					59-2524009	<del> 1    </del>	t Applicable
Suite, Apt. #, etc.					5. Certifcate of Status Desired	Fee Re	Additional
22 27 27 27 27 27 27 27 27 27 27 27 27 2							<del></del>
City & Stat	re .	City & State			6. Election Campaign Financing	\$5.00 Added	
23 Tip	Country	Zip	Countr	·	Trust Fund Contribution		IO FEES
Zip	<u></u>		30	y	<ol><li>This corporation owes the current year In Personal Property Tax.</li></ol>	∐ Yes	⊠No
24	9. Name and Address of Curre		30		10. Name and Address of New Registered		
	9. Name and Address of Curre	iit Registered Agent	8	1 Name	10. Haine and Administration		
MILL	ARD, DOUGLAS S.						
1083 NW 97 AVE			82	2 Street Add	Address (P.O. Box Number is Not Acceptable)		
PLAI	NTATION FL 33322		83	3	<del></del>		
			84	4 City	FL	85 Zip (	Code
44 Durayant	to the arguisions of Sections 607.050	12 and 607 1508. Florida Statute	s the abov	ve-named corr	poration submits this statement for the purpose of	changing its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	ithonzed b	y tne corporati	on's board of directors. I hereby accept the appo	intment as re	gistered
SIGNATURE							}
	Signature, typed or printed name of registered age			ent signature require	ed when reinstating) DATE	ID DIDECTO	DO 11 42
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
TITLE	P POLICIA O	□ nereie	1.1 TITLE			onengo	
NAME	MED WID, DOCKER O.		1.2 NAME				-
STREET ADDRESS	1000 111. 01 1112			ET ADDRESS			
CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,		1.4 CITY-			Change.	Addition
TITLE	_		2.1 TITLE			Change	L Addition
NAME	WILD WE, DOWNE C.		2.2 NAME	1			]
STREET ADDRESS			2.3 STREET ADDRESS				ĺ
CITY-ST-ZIP	PLANTATION FL 33322		2.4 CITY-ST-ZIP				CT Addition
TITLE	☐ DELETÉ · S		3.1 TITLE	·	and the second s	- Change	- Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREI	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE	☐ DELETE 4		4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				.
STREET ADDRESS	,		4.3 STREET ADDRESS		_		,
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		<u> </u>	
TITLE	☐ DELETE 5.1		5.1 TITLE		•	☐ Change	Addition
NAME			5.2 NAME		· · · · · · · · · · · · · · · · · · ·	*	
STREET ADDRESS			5.3 STREI	ET ADDRESS	•		İ
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE	☐ DELETE 6.1		6.1 TITLE		·	Change	☐ Addition
NAME			6.2 NAME		:		
STREET ADDRESS			6.3 STREI	ET ADDRESS	•		}
			6.4 CITY-	eT 710	•	-	

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, with an extend the empowered.

**SIGNATURE:**