

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

ORIGINAL TO BE FILED

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H92205 (4)

1. Corporation Name

HI-TIDE SALES, INC.

Principal Place of Business

% DONALD M. WOOD, II
4050 SELVITZ RD.
FT. PIERCE FL 34981

Mailing Address

% DONALD M. WOOD, II
4050 SELVITZ RD.
FT. PIERCE FL 34981



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/26/1985		3a. Date of Last Report 01/20/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0095393		<input type="checkbox"/> Applied For <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	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25	Country	30	Country				

9. Name and Address of Current Registered Agent

GOOGE, HOWARD E
401 E OSCEOLA ST
STUART FL 34994

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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

Signature typed or printed name of registered agent and the official agent

(NOTE: Registered Agent signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D/V/T/S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOOD, DONALD M. II			1.2 NAME			
STREET ADDRESS	4050 SELVITZ RD			1.3 STREET ADDRESS			
CITY-STATE-ZIP	FT. PIERCE FL			1.4 CITY-STATE-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREENE, RICHARD R			2.2 NAME			
STREET ADDRESS	2571 SE PRICE CT			2.3 STREET ADDRESS			
CITY-STATE-ZIP	PORT ST LUCIE FL			2.4 CITY-STATE-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OWENS, ROBERT			3.2 NAME			
STREET ADDRESS	4050 SELVITZ RD			3.3 STREET ADDRESS			
CITY-STATE-ZIP	FT PIERCE FL			3.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-STATE-ZIP				4.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-STATE-ZIP				5.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-STATE-ZIP				6.4 CITY-STATE-ZIP			

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 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:

(RICHARD R. GREENE)

1/23/96 407-461-4660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)