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PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 42 or

Block 13 if changed, or on an attachment with an address



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 05 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J48923

(3)

HYDE INTERNATIONAL, INC.

Pencipal Place of Business Mailing Address 2401 W. EAU GALLIE BLVD. 2401 W. EAU GALLIE BLVD. SUITE 1 MELBOURNE FL 32935 MELBOURNE FL 32935-2765 3. Date Incorporated or Qualified 3a. Date of Last Report 12/29/1986 03/27/1996 2. Principa Place of Business 2a. Mailing Address 4. FEI Number Applied For 22-2811218 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees  $Z_{\rm IP}$ Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Yes No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name FISHER, BRIAN G. 2401 W. EAU GALLIE BLVD. **B2** Street Address (P.O. Box Number is Not Acceptable) SUITE 1 83 **MELBOURNE FL 32835** 64 City Zip Code 85 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 5rg-latine, Typed or printed oar leichtegistered agent and billein applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) ■ DELETE 11 TITLE Change Addition THE HYDE, LAWRENCE H. NAME 12 NAME **637 MAIN ST.** STREET ADDRESS 13 STRÉET ADDRESS HARWICHPORT MA CITY - ST - ZIE 1.4 CITY - ST - ZIP DELETE \_\_\_ Addition TITLE 21 TITLE ☐ Change NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition TOT.E 3.1 TITLE ☐ Change NAME 32 NAME STREET ADDRESS **33 STREET ADDRESS** CITY - S1 - ZIF 34. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition THUE NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE 51 TITLE Change \_\_\_ Addition TITLE NAME 5.2 NAME STREET ACCORESS 5.3 STREET ADDRESS CITY S1-Zi2 5.4 City - ST-ZIP ■ DELETE 61 THILE Change Addition TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 14. I do 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

HAWRENCE H. HYDE