

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J82207 (8)**
1. Corporation Name
CACTUS HYDE PARK, INC.

Principal Place of Business Mailing Address
100 S. ASHLEY, STE. 820 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/10/1987** 3a. Date of Last Report **05/24/1994**

2. Principal Place of Business 2a. Mailing Address
21 **1011 West Bay St** 26 **1011 West Bay St**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-2832310** Applied For
Not Applicable

22 **Tampa, FL** 27 **Tampa, FL**
City & State City & State

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 **33606** 25 **33606** 28 **33606** 30 **33606**
Country Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HERBERT GOLD
100 S. ASHLEY, STE. 820
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name **Kathy Murphy**
82 Street Address (P.O. Box Number is Not Acceptable) **1011 West Bay St**
83
84 City **Tampa** FL 85 Zip Code **33606**

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 *Kathy Murphy*
Signature, typed or printed name of registered agent and title if applicable

4/12/95
DATE
NOTE: Registered Agent signature required when consolidating

12. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------------------|
| TITLE | PTD |
| NAME | SHIMBERG, MANDELL |
| STREET ADDRESS | 3435 BAYSHORE BLVD / STE 1000 |
| CITY - ST - ZIP | TAMPA FL |
| TITLE | VSD |
| NAME | CROSS, GLEN |
| STREET ADDRESS | 8515 RIVERVIEW DR |
| CITY - ST - ZIP | RIVERVIEW FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 8925 Eaglewatch Dr. |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - 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 110.07(1)(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 attached report on address.

SIGNATURE: *Mandell Shimberg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/95
DATE