

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
Office of the Secretary of State
Tallahassee, Florida 32399

APPROVED
AND
FILED

MAY - 1 AM 9:57

DOCUMENT # **K11777** (5)

1. Corporation Name
330 LIDO CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:

% HRAWG CORP
2000 GLADES ROAD, S-400
BOCA RATON FL 33431

Main Address:

% HRAWG CORP
2000 GLADES ROAD, S-400
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Main Address
21. State App # etc.	26. State App # etc.
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

3. Date Incorporation or Qualification	3a. Date of Last Report
01/13/1988	02/17/1994
4. FID Number	Applied For
65-0024974	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under § 191.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

HRAWG CORP
2000 GLADES ROAD
SUITE 400
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

B1. Name
B2. Street Address (If New Name is Not Applicable)
B3. City & State
B4. Zip
FL B5. Zip Code

11. I, the undersigned, being the president or secretary or a director or officer or agent of the corporation named in this report, do hereby certify that the foregoing is a true and correct statement of the facts required by law to be given in this report, and that the same are true to the best of my knowledge and belief.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	DP
STREET ADDRESS	BARTON, LOU ANN
CITY	491 ALPINE VIEW
STATE	INCLINE VILLAGE NV
NAME	ST
STREET ADDRESS	BARTON, LOU ANN
CITY	491 ALPINE VIEW
STATE	INCLINE VILLAGE NV

13. ADDITIONAL OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY	STATE
NAME	STREET ADDRESS	CITY	STATE
NAME	STREET ADDRESS	CITY	STATE
NAME	STREET ADDRESS	CITY	STATE
NAME	STREET ADDRESS	CITY	STATE
NAME	STREET ADDRESS	CITY	STATE
NAME	STREET ADDRESS	CITY	STATE
NAME	STREET ADDRESS	CITY	STATE

14. I, the undersigned, certify that the information reported with this report is true and correct to the best of my knowledge and belief, and that the same are true to the best of my knowledge and belief.

SIGNATURE: L. Barton Lou Ann Barton, President 042595 (407) 394-0500

INITIALS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR