FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L54109

(8)

HIDAN, INC.

Principal Place of Business Mailing Address 5904 TIMBER VALLEY DR. PO BOX 6199 LAKE WORTH FL 33463 LAKE WORTH FL 33466-6199 3. Date Incorporated or Qualified 3a. Date of Last Report 03/01/1990 08/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0190178 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional \Box 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Z_{1D} This corporation has liability for intangible tax under s. 199.032, 24 25 X Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RAUCH, NORMAN HARRY Street Address (P.O. Box Number is Not Acceptable) 5904 TIMBEL VALLEY 3450 S. OCEAN BLVD. 82 83 PALM BEACH FL 33480 84 33463 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 20.505, Florida Statutes. HARRY RAVCH Bignature, typod or printed name of regis 4-23-97 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTO ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. **DPST** DELETE TITLE Change Addition 1.13000 **RAUCH, NORMAN** RAULY HARRY 5904 TIMBEL VALLEY DRIVE LAKE WOETH, FL 33463 NAME 1.2 NAME 3450 S. OCEAN BLVD. #522 STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH FL 33480 CITY-ST-ZIP 1.4 CITY - ST- ZIP TITLE DELETE 2 1 TITLE Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-7IP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition

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 eath; 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 appenderess.

4 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

4.4 City - St - ZiP

NONLANDER MARKET BANK I

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-SY-ZIP

Change

Change

Addition

Addition

FILED

Apr 30 1997 8:00am

Secretary of State