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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

HIDAN, INC.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 5904 TIMBER VALLEY DR. PO BOX 6199 LAKE WORTH FL 33463 LAKE WORTH FL 33466 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/01/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2176 JO6 65-0190178 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be GREEN 23 Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year intangible 24 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RAUCH, HARRY RAUCH, HARRY **5904 TIMBER VALLEY DRIVE** Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33463 83 GREENACKES 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. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE **DPST** Change Addition TITLE 1 1 TITLE NAME RAUCH, HARRY 1.2 NAME RAUCH, HARRY **5904 TIMBER VALLEY DRIVE** STREET ADDRESS 1.3 STREET ADDRESS 2176 JOG ROAD 33415 LAKE WORTH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP GREENACKES DELETE ___ Addition Change 2 1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - ZIP DELETE TITLE Change __ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-2IP 3 4. CITY-ST-ZIP DELETE Addition TITLE 4 1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-SY-ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ■ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CIGNATURE.