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 # M84639

(7)

HYDE PARK ZOO, INC.

FILED Mar 11 1997 8:00am Secretary of State



Principal Place of Business 1624 W SNOW CIR TAMPA FL 33606 US		1624	Mailing Address 1624 W SNOW CIR. TAMPA FL 33806-2561 US				3. Date Incorporated or Qualified				
2. Principal FI	ace of Business	2a. M.	ailing Address				4. FEI Number			Applied For	
21		26	26				59-2892807 Not Applicable			Not Applicable	
Suite, Apt #	#, etc.	27 St	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	}		City & State				6. Election Campaign Financing	ing \$5.00 May Be			
23		28					Trust Fund Contribution	Added to Fees			
Ζιρ	Country Zip		?ip Coul				8. This corporation has liability for it			s. 199.032,	
24	25	29					Florida Statutes				
	9. Name and Address of Curre	nt Register	ed Agent		81		10. Name and Address of New Re	istered A	gent		
PALERMO, JAMES D. 100 S ASHLEY DR SUITE 1745 TAMPA FL 33602					82 83 84	Street Add	dress (P.O. Box Number is Not Acceptab	FL	85 Zij	p Code	
office or re agent. I ar SIGNATURE	egistered agent, or both, in the Staten familiar with, and accept the oblig	e of Florida. gations of, S gent and title II ar	Such change wa ection 607.0505,	s authorized Florida Stat IOTE Registered	d by utes	the corpore	rporation submits this statement for the pation's board of directors. I hereby acception when reinstating)	urpose of t the appo	ineminic	as registered	
12.	OFFICERS AN	ND DIRECTO		13.		 	ADDITIONS/CHANGES TO OFFIC	ENS AND	Chance		
THLE NAME STREET ADDRESS EITY-ST-7IP	DVP PALERMO, JAMES D. 1624 W. SNOW CIR. TAMPA FL		[] DELETE	1.1 TC 1.2 NA 1.3 ST 1.4 Ci	ME Reet	ADDRESS T-ZIP					
TITLE NAME STREET ADDRESS	P PALERMO, JEAN B 1624 W. SNOW CIRCLE TAMPA FL		☐ DELETE		WE REET	ADDRESS			Change	Addition	
CITY-SI-ZIP	TAMEA FL		☐ DELETE	2 4 C		ST-ZIP			Change	e Addition	
NAME				3.1 H					∸ nenA	- Individu	
STREET ADORESS				3.3 ST	REET	ADDRESS					
City St - 20F				3.4. C	ITY-	ST - Z(P					
TIFLE			DELETE	4.1 11	TLE				Change	e 🔲 Addition	
NAME				4.2 N	AME		•				
STREET ADORESS				4.3 51	REET	ADDRESS					
CITY-SI-ZIP						T-ZIP					
THILE			☐ DELETE	51 TI	_				Chang	e Addition	
NAME				5 2 N							
STREET ADORESS						ADDRESS					
						T-ZIP					
CITY-ST-ZIF TITLE			DELETE	5.4 CI		IT AH			Chang	e Addition	
			<u></u> , Detert	6.2 N							
NAME OXAGE LANDRESS						ADDRECO					
STREET ADDRESS						ADDRESS					
CHY-ST-ZIP				6.4 CI	IY-S	3T-21P					

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 an attachment with an address.

SIGNATURE