FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N95000001922 (2) DOCUMENT

THE HID PROJECT, INC.

ITIC CI	o rhodeot, mo								
Principal Place of Business Mailing Address					1 (50((0) 6(0) 6(0) 6(0) 60) (0)	F 801F) UB1)(881	#I 11 418 (#114	. 11910 1101 1801	
2277 GULF VIEW BLVD. 2277 GULF VIEW BLVD. DUNEDIN FL 34698 DUNEDIN FL 34698									
					3. Date Incorporated or Qualified 04/19/1995	3a. Da	te of Last I	Report	
2. Principal Pla 21	ace of Business	2a. Mailing Address 26			4. FEI Number 5 9-339-17	198			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	30 Coun	try		Yes 🔽	No	199.032,	
	9. Name and Address of Currer	it Hegistered Agent		B1 Name	10. Name and Address of New I	registered /	gent		
			Ι'	B1 Name					
	RAYMOND L		1	82 Street Ac	Hers (P.O. Box Number is Not Accepta	ole)			
	LF VIEW BLVD.		ļ.	B3					
DOMEDIA	N FL 34698		ľ	93				1	
			Ţ	84 City			85 Zıç	Code	
44 6	017.0500	100 1017 1500 Fig. 11. O				FL			
or register	ed agent, or both, in the State of Flori-	da. Such change was authorize	ed by the co	e named corp prporation's be	poration submits this statement for the pu pard of directors. Thereby accept the app	rpose or cha pointment as	nging its ri registered	agistered office agent. I am	
familiar wit	th, and accept the obligations of, Sect	ion 617.0503, Florida Statutes							
SIGNATURE _	Signature, typed or printed name of registered agent	and the second s	If the decided		arad when reinstating)	DATE			
12.	OFFICERS AN	<u></u>	13.	rigent signature rech	ADDITIONS CHANGES TO OF		Diffe CTO	HS N 12	
TITLE	D	DELETE	1.1 TiTi	E			T) Change	Addition	
NAME	FILITTI, RAYMOND L	_	1.2 NAI	ľ		•			
STREET ADDRESS	2277 GULF VIEW BLVD.			EET ADDRESS					
CITY-ST-ZIP	DUNEDIN FL 34698			Y-ST-ZIP					
TITLE	D	DELETE	2 111			<u>_</u>	Change	☐ Addition	
NAME	SMYZER, ROGER E	_	2.2 NAI	1			_ •	_	
STREET ADDRESS	250 SIESTA LANE			EET ADDRESS					
CHTY - ST - ZIP	LARGO FL 34640			Y-ST-ZIP					
TITLE	D	DELETE	3 1 TIT				Change	Addition	
NAME	KELLY, ROBERT J		3 2 NA	ME		•	-	_	
STREET ADDRESS	839 HILLSIDE DR.		3.3 ST	REET ADDRESS					
City+St+2iP	PALM HARBOR FL 34683		3.4 Ci	TY-ST-ZIP					
TITLE		DELETE	4 1 111			[Change	Addition	
NAME			4 2 NA	ME					
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP				Y-SF-ZIP					
TITLE		DELETE	5 1 TIT]	Change	Addition	
NAME			5 2 NA	ME					
STREET ADORESS				REFT ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		DELETE	€ 1 111				Change	Addition	
NAME			6 2 NA			_	=		
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP				Y-ST-ZiP					
المستعب				:					

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 119.07(3)(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 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ay mowd L. FILITTI 8/5/96

Baytine Phone #

Day more Phone #

Day more Phone #