


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005501 (9)**

1. Corporation Name

**HIDDEN UNIVERSE, INC.**



Principal Place of Business <b>8236 HARE AVE. JACKSONVILLE FL 32211</b>	Mailing Address <b>4000-27 ST. JOHNS AVE., SUITE 21 JACKSONVILLE FL 32205-9345</b>
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3. Date Incorporated or Qualified

**10/24/1996**

4. FEI Number

**59-3405038**

Applied For

Not Applicable

2. Principal Place of Business <b>21 4000-27 St. Johns Ave.</b>	2a. Mailing Address <b>26 Suite, Apt. #, etc.</b>
<b>22 Suite 21</b>	<b>27 Suite, Apt. #, etc.</b>
<b>23 Jacksonville FL</b>	<b>28 City &amp; State</b>
<b>24 32205-9345</b>	<b>29 Zip</b>
<b>25 USA</b>	<b>30 Country</b>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STRETMOYER, TED E  
8236 HARE AVE.  
JACKSONVILLE FL 32211**

81 Name	<b>TED STRETMOYER</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>4000-27 Saint Johns Avenue</b>
83	<b>Suite 21</b>
84 City	<b>Jacksonville FL</b>
85 Zip Code	<b>32205-9345</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>D</b>
NAME	<b>STRETMOYER, TED E</b>	1.2 NAME	<b>STRETMOYER, TED E.</b>
STREET ADDRESS	<b>8236 HARE AVE.</b>	1.3 STREET ADDRESS	<b>4000-27 St. Johns Ave, Suite 21</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32211</b>	1.4 CITY-ST-ZIP	<b>Jacksonville FL 32205-9345</b>
TITLE	<b>D</b>	2.1 TITLE	<b>D</b>
NAME	<b>STRETMOYER, MARJORIE F</b>	2.2 NAME	<b>STRETMOYER, MARJORIE F.</b>
STREET ADDRESS	<b>8236 HARE AVE.</b>	2.3 STREET ADDRESS	<b>4000-27 St. Johns Ave, Suite 21</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32211</b>	2.4 CITY-ST-ZIP	<b>Jacksonville FL 32205-9345</b>
TITLE	<b>D</b>	3.1 TITLE	
NAME	<b>ROBINSON, BONNIE L</b>	3.2 NAME	
STREET ADDRESS	<b>602 OUTH OHIO</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESLACO TX 78596</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Ted E. Stretmoyer*

**1-28-98 904-721-8324**

CR2E037 (10/97)