FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02557** **(7)**

1. Corporation Name

HYDE ASSOCIATES, INC.

Principal Place of Business

905 S. BAYSHORE DR., #529
MIAMI FL 33131

Mailing Address

905 S. BAYSHORE DR., #529
MIAMI FL 33131

3. Date Incorporated or Qualified: **06/28/1984**

3a. Date of Last Report: **01/25/1995**

4. FEI Number: **59-2424365**

☐ Applied For
☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business

21
22 State, Address
23 City & State
24 Zip 25 County

2a. Mailing Address

26
27 State, Address
28 City & State
29 Zip 30 County

9. Name and Address of Current Registered Agent

HYDE, ALVIN S.
905 SO. BAYSHORE DR., #529
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1005, 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 607.325, Florida Statutes.

Signature

12. OFFICERS AND DIRECTORS

P
HYDE, ALVIN S
905 S BAYSHORE DR 529
MIAMI FL
☐ DELETE

TD
HYDE, ALVIN S.
905 S BAYSHORE DR 529
MIAMI FL
☐ DELETE

VPS
HYDE, HILLARY A.
7552 N. DENVER AVE.
PORTLAND OR
☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is true and accurate and that my signature shall have the same legal effect as if made under oath; 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 13 above, or on an attachment with an address.

SIGNATURE: Alvin S. Hyde, President (ALVIN S. HYDE) 1/17/95 305-358-3231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (12/95)