

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
641 HAMPTON LANE
KEY BISCAYNE FL 33149
US

Mailing Address
P.O. BOX 430034
KEY BISCAYNE FL 33149
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/28/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2424365	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HYDE, ALVIN S.
641 HAMPTON LANE
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.009 and 607.1403, 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 607.005, Florida Statutes.

SIGNATURE: *Alvin S. Hyde* President (Alvin S. Hyde) 1/2/98
Signature typed or printed name of registered agent and the applicable date. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDE, ALVIN S	1.2 NAME	
STREET ADDRESS	641 HAMPTON LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDE, ALVIN S.	2.2 NAME	
STREET ADDRESS	641 HAMPTON LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	2.4 CITY-ST-ZIP	
TITLE	VPS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDE, HILLARY A.	3.2 NAME	
STREET ADDRESS	12476 A BLUE HERON RD. 5524 S.W. Washington	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE OSWEGO OR 97035	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Alvin S. Hyde* President (Alvin S. Hyde) 1/2/98 305-361-5900

CR2E034 (10/97)