

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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P32149** (7)

1. Corporation Name
HYDE INC.

Principal Place of Business
**C/O WEISSBARTH ALTMAN & MICHAELSON
156 WEST 56TH STREET
NEW YORK NY 10019**

Mailing Address
**C/O WEISSBARTH ALTMAN & MICHAELSON
156 WEST 56TH STREET
NEW YORK NY 10019-3800**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/14/1990	3a. Date of Last Report 04/30/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-3106322	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301		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 Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MICHAELSON, ROBERT T.		1.2 NAME	
STREET ADDRESS 156 WEST 56TH STREET		1.3 STREET ADDRESS	
CITY - ST - ZIP NEW YORK NY		1.4 CITY - ST - ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KLEIN, RONA		2.2 NAME	
STREET ADDRESS 250 PARK AVENUE		2.3 STREET ADDRESS	
CITY - ST - ZIP NEW YORK NY		2.4 CITY - ST - ZIP	
TITLE SDT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAKER, EDWIN H.		3.2 NAME	
STREET ADDRESS 250 PARK AVENUE		3.3 STREET ADDRESS	
CITY - ST - ZIP NEW YORK NY		3.4 CITY - ST - ZIP	
TITLE AS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSS, CORA D		4.2 NAME	
STREET ADDRESS 250 PARK AVENUE		4.3 STREET ADDRESS	
CITY - ST - ZIP NEW YORK NY		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/2/97** Daytime Phone #: **212-265-7500**

CR2E034 (9/96)