PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9300076303 1. Corporation Name

FILED Mar 22, 1999 8:00 am Secretary of State 03-22-1999 90136 005 ***150.00

	N HIDEOUT, INC.									
Principal Place	e of Business	Mailing Address					1 311 30 111 10 111 10		1 49148 (11) (30)	
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TAMPA FL 33814 TAMPA FL-33614						DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or Qualifed				
						11/03/1993			ĺ	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For	
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21 <u>4</u> Suite, Apf.		Suite, Apt. #, etc.	-00, 04,		-				Additional	
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City & Stat	to .	City & State				6. Election Campaign Financing		\$5.00	May Be	
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Zip	Country	Zip	Cou	ntrv		8. This corporation owes the cur	rent year Inta			
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24 536	9. Name and Address of Current	129 3366 4	130]			10. Name and Address of New	Registered A			
	9. Name and Address of Current	registered Agent		81 Name		To. Hallo alla gianoso oi ttor				
TOLI	ire, sadibou			(100						
	1 W KENNEDY BLVD			82 Street	Addre	ss (P.O. Box Number is Not Accept	table)			
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: IAM	IPA FL 33606			83						
•				84 City				85 Zip	Code	
							FL			
office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligat	of Florida Silich chande was	authorized	i ny tne corr	oration	's board of directors. I hereby acce	pt the appoin	tment as r	egistered	
SIGNATURE										i
SIGNATURE	Signature, typed or printed name of registered agen			Agent signature	required	when reinstating)	DATE		-	á
12.	Signature, typed or printed name of registered agen OFFICERS AN	D DIRECTORS	TE: Registered	Agent signature	required	when reinstating) ADDITIONS/CHANGES TO O				1,08)
	Signature, typed or printed name of registered agen				required			D DIRECT	ORS IN 12	(41/08)
12.	Signature, typed or printed name of registered agen OFFICERS AN	D DIRECTORS	13.	r.E	required					(44/08)
12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN P TOURE, SADIBOU B	D DIRECTORS	13. 1.1 Ti 1.2 N	r.E						E034 (44/08)
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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, with all other like empowered.

SIGNATURE: