

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

97 JAN 14 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000063610 (7)

1. Corporation Name

HILDEN MCCOWIN, INC.

Principal Place of Business

205 N. COLLIER BLVD.
MARCO ISLAND FL 34145
US

Mailing Address

P.O. BOX 1089
MARCO ISLAND FL 34148-1089
US

3. Date Incorporated or Qualified
08/25/1994

3a. Date of Last Report
05/21/1996

2. Principal Place of Business

21 205 N. COLLIER BLVD

2a. Mailing Address

26 P.O. Box 1089

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 236

27

City & State

City & State

23 MARCO ISL FL

28 MARCO ISL FL

Zip

Country USA

Zip

Country

24 34145

25 COLLIER

29 34146

30 USA

4. FEI Number

65-0518251

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

9. Name and Address of Current Registered Agent

HILDEN, LARRY
4866 BERKELEY DRIVE
NAPLES FL 33962

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME HILDEN, LARRY
STREET ADDRESS 4866 BERKELEY DR.
CITY-ST-ZIP NAPLES FL 33962

DELETE

TITLE ST
NAME MCCOWIN, DONALD
STREET ADDRESS 1000 S COLLIER BLVD., STP 202
CITY-ST-ZIP MARCO ISLAND FL

DELETE

TITLE V
NAME HILDEN, DONNA
STREET ADDRESS 4866 BERKELEY DR
CITY-ST-ZIP NAPLES FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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: Don McCowin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97 9416427677

Date

Daytime Phone #

CR2E034 (9/96)