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

**PROFIT CORPORATION** ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P95000005352 (6)

## FILED Mar 05 1998 8:00am Secretary of State

HYDE PA	ARK INC.					
Principal Place	of Business	Mailing Address				
350 GULF BOUL	.EVARD	350 GULF BOULEVARD				
			ACH FL 34635			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						01/18/1995
2. Principal Plac	e of Business	2a. Mailing Address				A 554 November 1
21		26				4. FEI NUMBER 59-3493656 Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5 Certificate of Status Desired \$8.75 Additional
22		City 8 Chats				rea nequieu
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip Country				
24	25 29 30			•,		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	g. Name and Address of Current					10. Name and Address of New Registered Agent
WEYLIE, WALLACE J.D.				81	Name	
350 GULF BOULEVARD				82 Street Address (P.O. Box Number is Not Acceptable)		ss (P.O. Box Number is Not Acceptable)
	N ROCKS BEACH FL 34635				Oli COI riddio	oo (1.0. Box 1911Box 15 1751 / 1555 plasto)
			[	83		
			-	84	City	85 Zip Code
					•	FL
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorities.</li> </ol>					-named corpo the corporatio	pration submits this statement for the purpose of changing its registered on's board of directors, I hereby accept the appointment as registered
agent. I am	familiar with, and accept the obligat	tions of, Section 607.0505, F	lorida Stati	utes		, , ,
SIGNATURE _	gnature, typod or printed name of registered agent	(1)	TC. 0	- <del></del>	nt signature required	d when reinstating) DATE
12.	OFFICERS AND		13.	Ager	ni signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 110	ιE	1	☐ Change ☐ Additio
NAME	WEYLIE, WALLACE J.D.	12		1.2 NAME		
STREET ADDRESS 350 GULF BOULEVARD		1.		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 346	335	1.4 C/T	Y-ST	r-ZIP	
TITLE	DELETE 2.1		2.1 TIT	2.1 TITLE		Change Additio
NAME			2.2 NA	ME		
STREET ADDRESS			2.3 STF	AEET A	address	
CITY-ST-ZIP		T beinge	2.400		7 - ZIP	☐ Change ☐ Additio
TITLE		DELETE	3.1 TIT			Change L Addition
NAME			3.2 NA		1000000	
STREET ADDRESS			3.3 STF 3.4. Cf1		ADDRESS T. 710	
TITLE		DELETE	4.1 TIT		1+211	☐ Change ☐ Additio
NAME			4. 2 NA			_ :
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	1		1	4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TIT			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STI	REET /	adoress	
CITY-ST-ZIP	5.41		5.4 CIT	Y-ST	- ZIP	
TITLE			6.1 TtT	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NA	ME		
STREET ADDRESS			-			
			6.3 STI	REET #	ADDRESS	

Thereby bettiy that the information supplied with this hing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ennual report is reported 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.