FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE. Sandra B Mortham

ANNUAL REPORT 1996					Secretary of Stale DIVISION OF CORPORATIONS											
DOCUMENT # P95000052256 (1)										-1						
HIDD	EN CREEK	CONSTR	EUCTION, IN	۱C۰								1860 83 00	. Delli Belti	81818 15 8 51	1 3100 t 8 1110 Brist 400	ŧi
Principal Place of Business					Mailing Address											
3300 SOUTH HIAWASSEE ROAD SUITE 107 ORLANDO FL 32835				3300 SOUTH HIAWASSEE ROAD SUITE 107 ORLANDO FL 32835												
				ν,	10 1100 12 02000						Incorporated or Qual 07/06/1995	lified	3a. Date	of Last	Report	
Principal Place of Business 1					ta. Mailing Address					1	Number 7-3325532				Applied For Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.						t	ificate of Status Desire	ed			75 Additional e Required	_
City & State				City & State						1	tion Campaign Finance Trund Contribution			\$ 5.	00 May Be	
Zip 24	Country			Zip	Zip Co			Country			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes X No					
24 25 29 9. Name and Address of Current Reg					d Agent	Τ				ne and Address of N			Agent		_	
							81	Name)	*						
B&C CORPORATE SERVICES OF CENTRAL FL.,INC.								Ctenat	Addisa	ddress (P.O. Box Number is Not Acceptable)						
390 N. ORANGE AVENUE							82 Street Addre			58 (r .O. D	OX NUMBER IS NOT ACC	aptaule,	,			
SUITE 1100					83											_
ORLAN	NDO FL 328	01					84	City		***************************************				85	Zip Code	
								-					FL	.	,	
11. Pursuant t or register familiar wi	to the provision ed agent, or b th, and accept	ns of Sections oth, in the Sta the obligation	607.0502 and 6 te of Florida. Su is of, Section 60	307,15 ich cha 17,050	i08, Florida Statute: ange was authorize 5, Florida Statutes.	s, the abo d by the d	ve-r corp	amed coration's	corporat s board	tion submi of directo	its this statement for the ors. I hereby accept the	ne purpo e appoir	ose of cha ntment as	anging it: register	s registered officed agent. I am	æ
SIGNATURE _	Signature, typed or	printed name of rec	gistered agent and title	Lapple	able. (NOT	E: Registered		l signature	required v	vhen reinstatir			DATE			
12.		OFF	CERS AND DIFE	CTO		13.				ADD	TIONS/CHANGES TO	OFFIC	ERS AND	DIREC	TORS IN 12	_
TITLE	B				DELETE	1.17	TLF		U	77 P			X	X) Chang	e 🔲 Addition	
NAME	CHIRA, LEE							1.2 NAME								
STREET ADDRESS 3300 S. HIAWASSEE ROAD, SU					JITE 107			1.3 STREET ADDRESS								
CITY-ST-ZIP	UKLAN	DO FL 3283	<u>5</u>		<u></u>	1.4 C		1 - 2 IP								
TITLE					DELETE		2.1 TITLE V						[Chang	e 🖈 Addition	
NAME PERSON ANDRESS						2.2 N/					Carlton					
STREET ADDRESS								ADDRESS			liawassee Ro	i. #1	07			
CITY-ST-ZIP TITLE			·		DELETE	24 C		T-ZIP	074	'ando,	FL 32835			Chang	e X X Addition	
NAME						3.2 N				eve Kr			ι	Onling	C AIN MOUNT	
STREET ADDRESS								ADDRESS	320	IN C L	liawassee Ro	<i>i</i>	107			
CITY-ST-ZIP						3.4 CI			1000	ru S F	ruwussee Ki	· · · · /	VI			
TITLE	İ				DELETE	4.17			107	AS	FL 32835		······································	Chang	e KK Addition	
NAME						4.2 N/					inney			_ •		
STREET ADDRESS						4.3 \$1	REET	address			Hiawassee R		107			
CITY-ST-ZIP	<u></u>					4.4 CI			or	lando	, FL 32835					
TITLE					☐ DELETE	5.11								Chang	e 🔲 Addition	-
NAME						5.2 N/	AME									
STREET ADDRESS	1					5.3 S	REET	ADDRESS	1							

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supperpendial 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 directly of the corporation or the receive. Or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or Block 12 or Block 13 changed for on in a lagit ment 1 kin an address.

5 4 CITY - ST - ZIP

6.3 STREET ADDRESS

6. 1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Charles Carlton NTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4/30/96

407/297-1600

Daytime Phone #

☐ Change

☐ Addition