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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000074521 (1)
1. Corporation Name
HYDEAWAY OF TAMPA INC.



97 JUL -9 AM 11:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DILLA MARIE DONOUAN 7/1/97-813-254-5540

Principal Place of Business	Mailina Address			
720 S. Howard Ave	Mailing Address 120 So Howard Aug Tampa, FLA 33606			
TAMPA FLA 33606				
Much I was 2 door	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 4. 45000	3. Date Incorporated or Qualified 3a. Date 10	of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt #, etc.	26 Suite, Apt. #, etc.		59-3341940	Not Applicable
2	27.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for intangible tax	
9. Name and Address of Cur	rent Pegistered Apent	30	Florida Statutes Yes 10. Name and Address of New Registered Age	
	Holit hegisteled Agein	81 Name	10. Hame and Address of New Augistered Age	3111
Joseph L. Diaz	•			
2522 W. Kenned	u Aue	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
2522 W. Kenned TAMPA FLA 3	36.46	83		71
1 1311 1 211 2) 36 0%	24 67		-1-2-2
		84 City	FL ^{[5}	35 Zip Code
11. Pursuant to the provisions of Sections 607.0	0502 and 607.1508, Florida St	tatutes, the above-named cor	poration submits this statement for the purpose of ch	anging its registere
office of registered agent, or both, in the St	iale of Florida. Such change v	vas aumorized by the corpora	ation's board of directors. I hereby accept the appoint	tment as registered
agent. I am familiar with, and accept the ob-	oligations of, Section 607.0505	o, Florida Statutes		
_	oligations of, Section 607.0505	o, Florida Statutes		
IGNATURE Signature typed or printed name of registered	d agent and little if applicable	(NOTE Registered Agent signature requ	uired when reinstating) DATE	
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