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FILED

Feb 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000007491 (9)

1. Corporation Name

HIDDEN RIVER ENTERPRISES INC.

Principal Place of Business

8210 PARKEDGE DR  
TAMPA FL 33637

Mailing Address

8210 PARKEDGE DR  
TAMPA FL 33637-1007

3. Date Incorporated or Qualified  
01/22/1996

3a. Date of Last Report  
N/A

4. FEI Number  
593355129

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

2. Principal Place of Business

21 1595 Sunshine Skyway Blvd

2a. Mailing Address

26 8210 Parkedge Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Largo FL

City & State

28 Tampa FL

Zip

24 33770

Country

25 Pinellas

Zip

29 33637

Country

30 Hillsboro

9. Name and Address of Current Registered Agent

MANSOUR, GUS  
8210 PARKEDGE DR  
TAMPA FL 33637

10. Name and Address of New Registered Agent

81 Name Dalal mansour  
82 Street Address (P.O. Box Number is Not Acceptable)  
4111 San Carlos St.  
83  
84 City Tampa FL 85 Zip Code 33629

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

Ghassan Mansour

Signature of the corporation or its authorized agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MANSOUR, GUS	
STREET ADDRESS	8210 PARKEDGE DR	
CITY- ST- ZIP	TAMPA FL 33637	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ahmad Javed-Gadde	
1.3 STREET ADDRESS	2304 S. Clark Ave	
1.4 CITY- ST- ZIP	Tampa FL 33629	
2.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dalal mansour	
2.3 STREET ADDRESS	4111 San Carlos St.	
2.4 CITY- ST- ZIP	Tampa FL 33629	
3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Abraham Sareb	
3.3 STREET ADDRESS	1595 Sunshine Blvd.	
3.4 CITY- ST- ZIP	Tampa FL 33637	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ghassan Mansour  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

CR2E034 (9/96)