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FILED  
Feb 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000007486 (8)

1. Corporation Name

HIDDEN VENTURE ASSOCIATES, INC.



Principal Place of Business

Mailing Address

180 SOUTH KNOWLES AVENUE  
SUITE 7  
WINTER PARK FL 32789

180 SOUTH KNOWLES AVENUE  
SUITE 7  
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 280 W. Canton Avenue

2a. Mailing Address

26 280 West Canton Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 -Suite 240

27 Suite 240

City & State

City & State

23 Winter Park, FL

28 Winter Park, Florida

Zip

Country

Zip

Country

24 32789

25 U.S.

29 32789

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INFANTINO, THOMAS V  
180 SOUTH KNOWLES AVENUE  
SUITE 7  
WINTER PARK FL 32789

81 Name

K. Michael Swann

82 Street Address (P.O. Box Number is Not Acceptable)

280 West Canton Avenue, suite 240

83

84 City

Winter Park

FL

85 Zip Code

32789

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

K. Michael Swann

1/23/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME INFANTINO, THOMAS V  
STREET ADDRESS 180 SOUTH KNOWLES AVENUE, SUITE 7  
CITY - ST - ZIP WINTER PARK FL 32789

1.1 TITLE

President-Treasurer/Director

☒ Change ☐ Addition

NAME

1.2 NAME

Murphy, John J.

STREET ADDRESS

1.3 STREET ADDRESS

2105 Howell Branch Road

CITY - ST - ZIP

1.4 CITY - ST - ZIP

Maitland, FL 32751

TITLE

2.1 TITLE

Vice President-Secretary/Director

☒ Change ☐ Addition

NAME

2.2 NAME

Coley, Richard J.

STREET ADDRESS

2.3 STREET ADDRESS

2105 Howell Branch Road

CITY - ST - ZIP

2.4 CITY - ST - ZIP

Maitland, FL 32751

TITLE

3.1 TITLE

3.2 NAME

☐ Change ☐ Addition

STREET ADDRESS

3.3 STREET ADDRESS

CITY - ST - ZIP

3.4 CITY - ST - ZIP

TITLE

4.1 TITLE

4.2 NAME

☐ Change ☐ Addition

NAME

4.3 STREET ADDRESS

STREET ADDRESS

4.4 CITY - ST - ZIP

CITY - ST - ZIP

TITLE

5.1 TITLE

5.2 NAME

☐ Change ☐ Addition

NAME

5.3 STREET ADDRESS

STREET ADDRESS

5.4 CITY - ST - ZIP

CITY - ST - ZIP

TITLE

6.1 TITLE

6.2 NAME

☐ Change ☐ Addition

NAME

6.3 STREET ADDRESS

STREET ADDRESS

6.4 CITY - ST - ZIP

CITY - ST - ZIP

TITLE

6.5 TITLE

6.6 NAME

☐ Change ☐ Addition

NAME

6.7 STREET ADDRESS

STREET ADDRESS

6.8 CITY - ST - ZIP

CITY - ST - ZIP

TITLE

6.9 TITLE

6.10 NAME

☐ Change ☐ Addition

NAME

6.11 STREET ADDRESS

STREET ADDRESS

6.12 CITY - ST - ZIP

CITY - ST - ZIP

14. I 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 *K. Michael Swann* 1/27/98 417-18-7900

CR2E034 (10/97)