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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1998

P97000014269 (9)

HIDEAWAY IMPORTS. INC.

FILED Apr 21 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address		· · · · · · · · · · · · · · · · · · ·		. 1011 01010 F1016 0F118 101F 100F	
599 \$ FEDERAL HWY 599 \$ FEDERAL HWY							
	BEACH FL 33062		POMPANO BEACH FL 33062				
					DO NOT WRITE IN THIS	SPACE.	
					3. Date Incorporated or Qualified 02/10/1997		
	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0732871	Not Applicable	
Suite, Apl. #, etc. 27		Suite, Apt. #, etc.	Soile, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 27 City & State		City & State	City & State		6, Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the cur		
24	25	29	30			Yes No	
<u> </u>	9. Name and Address of Current I	Registered Agent		4 11	10. Name and Address of New Registered	Agent	
OAUDNEAU, FIERNE				1 Name	varite		
599 \$ FEDERAL HWY POMPANO BEACH FL 33062			8	2 Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
"	UMPANU DEACH FL 33002		8	3			
ļ							
			8	4 City	FL	85 Zip Code	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corpora					poration submits this statement for the purpose of	f 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. Thereby accept the appointment as registered agent, Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
SIGIVATORE	Signature, typod or ported name of registered agent.	and to elif applicable (NO)	If Registered /	gent signature tequit	red when reinstating) DATE		
12.	OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD OALIDDEALL DIEDDE	DELETE	1.1 1171.9			Change Addition	
NAME	Gaudreau, Pierre 599 S Federal Hwy		1.2 NAM			Į	
STREET ADDRESS	POMPANO BEACH FL 33062			ET ADDRESS		֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֓֡֓֓֡֓֡	
CITY-ST-ZIP TITLE	V	DELETE	1.4 CHY 2.1 THL			Change Addition	
NAME	SPENCE, ROBERT E		2.2 NAM			_ , _	
STREET ADDRESS	599 S FEDERAL HWY			ET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33062	,		'-\$1- Z (P			
TITLE		DELETE	31 11111			Change Addition	
NAME	GAUDREAU, HUGUET	•	3 2 NAM	E		İ	
STREET ADDRESS	599 S FEDERAL HWY		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33062			'-ST-2IP			
TITLE	S AMBREAM AMBRE	DELETE	41 1171			Change Addition	
NAME	GAUDREAU, ANDRE		4. 2 NAN				
STREET ADORESS	599 S FEDERAL HWY			ET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33062	DELETE	4.4 City			Change Addition	
TITLE	d Beaudoin, Gestion L	(F) VIII IL	5 1 TiTLE			L Ollange L Abulkuli	
NAME OTOTES ADDRESS	599 S FEDERAL HWY		5.2 NAM				
STREET ADDRESS	POMPANO BEACH FL 33062			ET ADDRESS			
CITY-ST-ZIP TITLE	TOMINIO DENOTTE 03002	DELETE	5.4 CHY 6.1 HTL	-ST-71P		Change Addition	
NAME			6.2 NAM				
STREET ADORESS				ET ADDRESS			
CITY-ST-ZIP			6.4 CITY			}	
377, 37 21					0 - 11 - 440 07(0)(0) Fig. 14 - 0(-44 15 - 4	and the state of t	

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. I further certify that the information indicated on this annual report or supplienced annual report is true and accurate and that my signature shall have the same logal effect as if made under eath, 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.