

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90181 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000105649

1. Corporation Name
ANHIDDEN, INC.

Principal Place of Business
 2665 S. BAYSHORE DR., STE. 202
 COCONUT GROVE FL 33133

Mailing Address
 2665 S. BAYSHORE DR., STE. 202
 COCONUT GROVE FL 33133



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/21/1998	
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	41	Applied For
22	City & State	27	City & State	42	Not Applicable
23	Zip	28	Zip	43	City
24	Country	29	Country	44	State
25		30		45	Zip Code

9. Name and Address of Current Registered Agent
WASHINGTON, LYNN C
701 BRICKELL AVE.
MIAMI FL 33131

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director - Chairman	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Louis Wolfson III	1.2 NAME	
STREET ADDRESS	2665 S. Bayshore Drive #202	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33133	1.4 CITY-ST-ZIP	
TITLE	President - Director	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael D. Wohl	2.2 NAME	
STREET ADDRESS	2665 S. Bayshore Dr. #202	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33133	2.4 CITY-ST-ZIP	
TITLE	Secretary - Treasurer - Director	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David O. Deutch	3.2 NAME	
STREET ADDRESS	2665 S. Bayshore Drive #202	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33133	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/99 305-858-9430
 Date Daytime Phone #

CR2E034 (11/98)