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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S16553

HIDDEN HARBOUR DEVELOPMENT, INC.

Principal Place of Business				Mailing Address								
230 AMY ANN LANE				P O BOX 725								
VERO BEACH	FL 32963		MO	INTICELLO UT 84535								
							-		DO NOT WRITE IN THIS S	SPACE		
l.								3.	Date Incorporated or Qualifed 12/03/1990			
2. Principal F	Place of Busin	iess	2a.	Mailing Address				4.	FEI Number		Applied For	
21			26				_		65-0248040		Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			-	Certificate of Status Desired	\$8.75	Additional		
22 .				27			Э.	Certificate of Status Desired	Fee !	Required		
City & State				City & State			6.	Election Campaign Financing	\$5.0	0 мау Ве		
23				28					Trust Fund Contribution	Adde	d to Fees	
Zip	Country			Zip Country				8.	This corporation owes the current year Inta-	ngible		
24		25	29		30					Yes	□No	
	9. Name		of Current Regist	ered Agent				10.	Name and Address of New Registered A	gent		
MCI	HIGH ION		Carl Carl		Į'	81	Name ·					
MCHUGH, JOHN J. JR. 333 17TH STREET			12 Block #12				Street Address	ess (P.O. Box Number is Not Acceptable)				
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VER	O BEACH F	L 32960				34	City		28 x 11 f x 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	105 70	o Code	
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11. Pursuant	to the provis	ons of Sections	s 607.0502 and 60	7.1508, Florida Statu	tes, the abo	ove-	named corpora	ation	n submits this statement for the purpose of c	hanging i	ts registered	
office or r	registered ag	ent, or both, in t	the State of Florida	a. Such change was a Section 607.0505, Flo	nuthorized i	bv tr	he corporation's	s bo	pard of directors. I hereby accept the appoint	ment as	registered	
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CICNATURE												
SIGNATURE	Signature, typed	or printed name of re	gistered agent and title if	applicable. (NOTE	: Registered A	gent s	signature required wh	hen re	einstating) / DATE			
SIGNATURE	Signature, typed		gistered agent and title if CERS AND DIREC		Registered A	gent s	signature required wi		einstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	FORS IN 12	
	PD	OFFIC	 _				signature required wh			DIRECT		
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90055 024 ***150.00

CR2E034 (11/98)