FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

HIDY BROWN, INC.



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

V05014

(8)

FILED
Mar 15 1996 8:00 am
Secretary of State



Principal Place of Business Mailing Address								
137 GIARDINO DRIVE ISLAMORADA FL 33036 US		P.O. BOX 608 Islamorada fl 3 Us	ISLAMORADA FL 33036		Date Incorporated or Qualified	3a. Date o	of Last P	leport
					01/06/1992		5/01/1	
2. Principal Piace	e of Business	2a. Mailing Address			4. FEI Number			Applied For
. Transpear ress	e or producests	26			65-0311976			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	1994		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
! - €ity & State 		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
7ip Country 25		Ζφ 29	Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
	9. Name and Address of Curre				10. Name and Address of New F	legistered A	gent	
			81	Name				
OMEARA, RICHARD V 137 GIARDINO DRIVE				Street Addr	et Address (P.O. Box Number is Not Acceptable)			
	RADA FL 33036		83					
			84	City			85 Z	ip Code
				<u> </u>	ration submits this statement for the purify of directors. I hereby accept the app	<u>FL</u>	ــلــــــــــــــــــــــــــــــــــــ	
12.	PSTD OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		Change	
AM-	O'MEARA, RICHARD		1. 1 FILE 1.2 NAME			_	1 ***	—
JERRI ADDRESS	137 GIARDINO DR		13 STREE	1 ADDRESS				
11 - S1 - ZP	ISLAMORADA FL		14 CITY -	ST-ZIP	<u>,,</u>			
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1884			2 2 NAME	T ADDRESS				
JEY-ST ZIE			2 4 DiTY -					
BILE		DELETE	3 1 TITLE				Change	☐ Addition
AME			3.2 NAME					
TREST ADORESS			1	ET ADDRESS		•		
PCY ST 7P		DELETE	3.4 C(TY-				Change	Addition
IAME		L	4.2 NAME					
TREET ADDRESS			4 3 STRE	ET ADDRESS				
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MAME - ADDODUCE				ET ADDRESS				
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DITY ST-ZIP		☐ DELE1E	6 1 Till				Change	Addition
NAM:		—	6.2 NAM	£				
STREET ADDRESS			63STRE	ET ADDRESS				
			6 A CITY	. S1 . 7IP				

6.4 CITY-S1-ZIP

14. Let hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 one en alternment with an address.

SIGNATURE:

SIGNATURE AND THEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96 305-664-8820