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

PROFIT

May 05 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **19**98 DIVISION OF CORPORATIONS DOCUMENT # (8)HIDDEN WATERS GROUP, INC. Principal Place of Business Mailing Address P.O. BOX 216 P.O. BOX 216 ENGLEWOOD FL 34223 DO NOT WRITE IN THIS SPACE ENGLEWOOD FL 34223 3. Date Incorporated or Qualified 01/17/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 NOT APPLICABLE Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 28 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HORKY, WILLIAM 6699 SAN CASA DRIVE, Q1 82 ENGLEWOOD FL 34224 ARBAdas 83 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 office or registered agent, or both, in the State of Florida Such change was authorized by the corpora agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition HORKY, WILLIAM NAME 1.2 NAME 8809 DAN CAGA-DRI-01 4 BARBAGOS STREET ADDRESS 1.3 STREET ADDRESS **ENGLEWOOD FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition HORKY, JANICE 2.2 NAME GOOD SAN GASA BRIVE: CHI STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP **ENGLEWOOD FL** 2. 4 CITY-ST-ZIP TITLE DELETE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP TITLE ☐ DELETÉ 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change 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

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