

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V14156** (6)

1. Corporation Name
HILDEN, INC.



Principal Place of Business: **140 INTRACOASTAL POINTE DR. #306 JUPITER FL 33477**
Mailing Address: **140 INTRACOASTAL POINTE DR. #306 JUPITER FL 33477**

3. Date Incorporated or Qualified: **02/14/1992**
3a. Date of Last Report: **08/14/1995**

2. Principal Place of Business: **21 1070 E. Indiantown Road**
2a. Mailing Address: **26 1070 E. Indiantown Road**

4. FET Number: **NOT APPLICABLE**
Applied For: Applied For Not Applicable

Suite, Apt. #, etc.: **22 Suite 208**
27. Suite, Apt. #, etc.: **27 Suite 208**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23 Jupiter, FL**
28. City & State: **28 Jupiter, FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24 33477** Country: **25 Palm Beach**
29. Zip: **29 33477** 30. Country: **30 Palm Beach**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**LAVACHE, VICKI J.
140 INTRACOASTAL POINTE DR. #305
JUPITER FL 33477**

10. Name and Address of New Registered Agent
81 Name: **Vicki J. Lavache**
82 Street Address (P.O. Box Number is Not Acceptable): **1070 E. Indiantown Road**
83: **Suite 210**
84 City: **Jupiter** FL 85 Zip Code: **33477**

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	WILKENSOM, FLOYD D
STREET ADDRESS	140 INTRACOASTAL POINTE DR. #306
CITY - ST - ZIP	JUPITER FL 33477
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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~~04/24/96 01021 028~~
*****200.00**

14. I do 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 on an attachment with an address.

SIGNATURE: *Floyd D. Wilkenson* DATE: _____ DAYTIME PHONE # **561-41-23-96**

CR2E034 (12/95)