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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V14558 (3)

1. Corporation Name
HIDEAWAY BEACH, INC.



Principal Place of Business

400 INDIAN ROCKS ROAD
SUITE C
BELLEAIR BLUFFS FL 34640

Mailing Address

400 INDIAN ROCKS ROAD
SUITE C
BELLEAIR BLUFFS FL 33770-2069

2. Principal Place of Business

21 1421 Court Str., B
Suite, Apt. #, etc.

22 City & State

23 Clearwater, FL

24 34616 25 Pinellas

2a. Mailing Address

26 1421 Court Str., B
Suite, Apt. #, etc.

27 City & State

28 Clearwater FL

29 34616 30 Pinellas

3. Date Incorporated or Qualified
02/14/1992

3a. Date of Last Report
03/20/1996

4. FEI Number
59-3151857

Applied For
Not Applicable

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

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

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HERSEM, THOMAS G
400 INDIAN ROCKS ROAD
SUITE C
BELLEAIR BLUFFS FL 34640

1421 Court Str., B
Clearwater FL
34616

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	DIMARIA, VINCENT	
STREET ADDRESS	60 WYNFIELD HGT CRESCENT	
CITY-ST-ZIP	DON MILLS ONT CANADA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIMARIA, GIUSEPPINA	
STREET ADDRESS	60 WYNFIELD HGT CRESCENT	
CITY-ST-ZIP	DON MILLS ONT CANADA	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	DIMARIA, AGOSTINO	
STREET ADDRESS	60 WYNFIELD HGT CRESCENT	
CITY-ST-ZIP	DON MILLS ONT CANADA	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	60 WYNFORD HEIGHTS CRES.
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	60 WYNFORD HEIGHTS CRES
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	60 WYNFORD HEIGHTS CRES
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	

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 1/97

Date

Daytime Phone #

416-4456192

CR2E034 (9/96)