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 # **V35454** **(0)**

1. Corporation Name

HIDDEN VILLAGE, INC.

Principal Place of Business	Mailing Address
1202 N.W. 9TH AVENUE GAINESVILLE FL 32601	1202 N.W. 9TH AVENUE GAINESVILLE FL 32601

3. Date Incorporated or Qualified: 05/11/1992	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3123048	☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 502 NW 16th AVE	26 502 NW 16th Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Gainesville, FL	28 Gainesville,FL
24 Zip: 32601 / 25 Country: USA	29 Zip: 32601 / 30 Country: USA

9. Name and Address of Current Registered Agent

WARREN, MICHAEL E.
1202 N.W. 9TH AVE.
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name: Michael E. Warren
82 Street Address (P.O. Box Number is Not Acceptable): 502 NW 16th Avenue
83
84 City: Gainesville, FL 85 Zip Code: 32601

11. Pursuant to the provisions of Section 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: _____ Michael E. Warren 4/24/96
Signature required when name of registered agent is changed. (NOTE: Registered Agent signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WARREN, MICHAEL E.		1.2 NAME	Michael E. Warren	
STREET ADDRESS	1202 N.W. 9TH AVE.		1.3 STREET ADDRESS	502 NW 16th Avenue	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	Gainesville,Fl 32601	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	WARREN, PHYLLIS P.		2.2 NAME	Phyllis P. Warren	
STREET ADDRESS	1202 NW 9TH AVENUE		2.3 STREET ADDRESS	502 NW 16th Avenue	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	Gainesville,Fl 32601	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RAPPORT, J. D		3.2 NAME		
STREET ADDRESS	4141 N.W. 24TH DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: _____ President 4/24/96 352-375-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #