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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V53002 (4)									
DEVELO	Pers of OLD Hyde Pari	(, INC.							
Principal Plac	e of Business	Mailing Address	Mailing Address				OIDH DIBH	. BIBII BABII DIDIA	OTON FOOT
SIDI SAN JOSE STREET TAMPA FL 33629 US		5101 SAN JOSE STREET TAMPA FL 33629-6414 US							
				3. Date Incorporated or Qualified 07/24/1992		Date of Last F <b>/29/1996</b>	leport		
·	lace of Business	2a. Mailing Address	¬-¬ <b>1</b>			4. FEI Number		F -+	pplied For
Sulte, Apt.	#. etc.	26 Suite, Apt. #, etc.	Suite, Apt. #, etc.			59-3133653	·		ot Applicable Additional
22		27	27			5. Certificate of Status Desired			equired
City & Stat	9	City & State			6, Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip 24	Country 25	Zip 29	Gountry 30			8. This corporation has liability for intangible tax under s. 199,032,     Florida Statutes			
	9. Name and Address of Curre	n Registered Agent	}			10. Name and Address of New Re	gistered	i Agent	
Taub, Brian N.				81	Name				
5101 SAN JOSE STREET			ļ	82	Street Add	dress (P.O. Box Number is Not Acceptat	ole)	ART &	
TAM	PA FL 33629		ŀ	83					
				84	City		FI	L.   <b>85</b>   Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ites, the ab	iov(	e named cor	rporation submits this statement for the			ts registered
agent. I a	m familia with, and accept the oblig	ations of, Section 607.0505, f	lorida Stat	utes	, the corpora s.	rporation submits this statement for the pation's board of directors. I heroby accept	ot the ap	pointment as	registereo
SIGNATURE	Mas O, Run	<del>-</del>			, ,				
12		out and time if applicable (NO ID DIRECTORS	13.	Age	ani eighaitae redi	ured when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AN	ND DIRECTOR	3S IN 12
TITLE	D DELETE TAUB, BRIAN N.		11111	LF				Change	
NAME			1.2 NA	.2 NAME					
STREET ADDRESS	5101 SAN JOSE ST		1.3 S1	KEE1	ADDRESS				
CITY-ST-ZIP	TAMPA FL			1.4 CHY-ST-ZIP					
THTLE	D	DELETE		2.1 TALE				Change	Addition
NAME	TAUB, DEBORAH M.			2.2 NAME					
STREET ADDRESS	5101 SAN JOSE ST TAMPA FL			2.3 STREET ADDRESS 2 4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE	D			3.1 TITLE				Change	Addition
NAME	ENDERSON, CYNTHIA A.			3.2 NAME					
STREET ADDRESS	201 N FRANKLIN ST. #2100		3 3 ST	HEET	ADDRESS				
CITY-ST-ZIP	TAMPA FL		3 4, CI	1Y-8	\$1 - ZIP				
TITLE		DELETE		4.1 TILLE				Change	Addition
NAME	-		4. 2 NA	ME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		Dontar	4.4 CIT		1-20			Change	Addition
TITLE		☐ DELFTE	5.1 TIT		1			L_1 Change	FT Vanillosi
NAME Street address	,		5.2 NA 5.3 STI		ADDRESS				
CITY-ST-ZIP			5.4 CH						
TITLE		DELETE	61 Trl					Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS		6.3 S1	HE E T	ADDRESS					
			F						

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 early 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.

**FILED** 

May 19 1997 8:00am

Secretary of State