

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Workman
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **844077** (8)

1. Corporation Name
HMG/COURTLAND PROPERTIES, INC.

Principal Place of Business: **2701 S BAYSHORE DRIVE #PH COCONUT GROVE FL 33133**
Mailing Address: **2701 S BAYSHORE DRIVE #PH COCONUT GROVE FL 33133**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/07/1979**
3a. Date of Last Report: **03/16/1994**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc
22	City & State	27	City & State
23	Zip	28	Country
24		29	Country

4. FEI Number	Applied For
59-1914299	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ DATE _____
Signature typed or printed name of registered agent and the filer's name. (NOTE: Registered Agent signature required when appointing)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WIENER, MAURICE
STREET ADDRESS	2701 SOUTH BAYSHORE DR
CITY, ST, ZIP	COCONUT GROVE, FL 00000
TITLE	PD
NAME	GRAY, LEE
STREET ADDRESS	2701 S BAYSHORE DR
CITY, ST, ZIP	COCONUT GROVE FL
TITLE	VSC
NAME	CAMAROTTI, CARLOS
STREET ADDRESS	2701 S.BAYSHORE DR.
CITY, ST, ZIP	COCONUT GROVE FL
TITLE	VS
NAME	ROTHSTEIN, LAWRENCE I
STREET ADDRESS	2701 SOUTH BAYSHORE DR
CITY, ST, ZIP	COCONUT GROVE, FL 00000
TITLE	D
NAME	ARADER, WALTER G
STREET ADDRESS	2 EAST AVENUE
CITY, ST, ZIP	LARCHMONT, NY 0
TITLE	VP
NAME	LENER, BERNARD
STREET ADDRESS	4800 SUGAR GROVE BLVD
CITY, ST, ZIP	STAFFORD TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D BAILEY, JOHN B.
1.3 STREET ADDRESS	2 LITTLE BAY HARBOUR
1.4 CITY, ST, ZIP	PONTE VEDRA, BEACH, FLORIDA 32082
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D EYSELL, GUSTAV S.
2.3 STREET ADDRESS	38908 RIDGE COURT,
2.4 CITY, ST, ZIP	HAMILTON, VIRGINIA 22868
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D FIEBER, NORMAN
3.3 STREET ADDRESS	38 HASTINGS LANE
3.4 CITY, ST, ZIP	STAMFORD, CONNECTICUT 06405
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AS STUNTEBECK, CLINTON A.
4.3 STREET ADDRESS	371 ROSE GLEN DRIVE
4.4 CITY, ST, ZIP	RADNOR, PA. 19087
5.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with this address.

SIGNATURE: **Carlos Camarotti** *[Signature]* **4/27/95** **305 854 6803**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code) (Number) (Area Code)