

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

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**Apr 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 844077 (8)
 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 33133-5309
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3. Date Incorporated or Qualified 09/07/1979	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1914299	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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 fee, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BAILEY, JOHN B.	
STREET ADDRESS	2 LITTLE BAY HARBOUR	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EYSSELL, GUSTAV S.	
STREET ADDRESS	38908 RIDGE COURT	
CITY-ST-ZIP	HAMILTON VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PIEPER, NORMAN	
STREET ADDRESS	38 HASTINGS LANE	
CITY-ST-ZIP	STAMFORD CO	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	STUNTEBECK, CLINTON A.	
STREET ADDRESS	371 ROSE GLEN DR	
CITY-ST-ZIP	RADNOR PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARADER, WALTER G	
STREET ADDRESS	2 EAST AVENUE	
CITY-ST-ZIP	LARCHMONT, NY 0	
TITLE	VP	<input type="checkbox"/> DELETE
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	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wiener, MAURICE	
1.3 STREET ADDRESS	1734 S. BAYSHORE LANE	
1.4 CITY-ST-ZIP	COCONUT GROVE, FLORIDA 33132	
2.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GRAY, LEE	
2.3 STREET ADDRESS	Highcliff Terrace, Poundridge	
2.4 CITY-ST-ZIP	POUNDRIDGE, NEW YORK 10576	
3.1 TITLE	VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROTHSTEIN, LAWRENCE	
3.3 STREET ADDRESS	3070 N. 34th Street,	
3.4 CITY-ST-ZIP	Hollywood, Florida 33021	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	COMITA, HARVEY	
4.3 STREET ADDRESS	740 Golfview Road	
4.4 CITY-ST-ZIP	Morrisstown, NJ 08057	
5.1 TITLE	VP/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CAMAROTTI, CARLOS	
5.3 STREET ADDRESS	1901 S.W. 105 AVE	
5.4 CITY-ST-ZIP	DAVIE, Florida 33324	
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 if changed, or on an attachment with an address.

SIGNATURE:  **Lawrence Rothstein** 3/12/97 (305) 854-6888
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)