

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

FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/07/1979
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-1914299
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. Name and Address of New Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAILEY, JOHN B.	1.2 NAME	MAURICE WIENER
STREET ADDRESS	2 LITTLE BAY HARBOUR	1.3 STREET ADDRESS	2701 S. BAYSHORE DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH FL	1.4 CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EYSSELL, GUSTAV S.	2.2 NAME	LAWRENCE ROTHSTEIN
STREET ADDRESS	38908 RIDGE COURT	2.3 STREET ADDRESS	2701 S. BAYSHORE DRIVE
CITY-ST-ZIP	HAMILTON VA	2.4 CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIEFER, NORMAN	3.2 NAME	CARLOS CAMAROTTI
STREET ADDRESS	38 HASTINGS LANE	3.3 STREET ADDRESS	2701 S. BAYSHORE DRIVE
CITY-ST-ZIP	STAMFORD CO	3.4 CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUNTEBECK, CLINTON A.	4.2 NAME	
STREET ADDRESS	371 ROSE GLEN DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	RADNOR PA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARADER, WALTER G	5.2 NAME	
STREET ADDRESS	2 EAST AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARCHMONT, NY 0	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LERNER, BERNARD	6.2 NAME	
STREET ADDRESS	4800 SUGAR GROVE BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	STAFFORD TX	6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
MAURICE WIENER

1.2 NAME
2701 S. BAYSHORE DRIVE

1.3 STREET ADDRESS
COCONUT GROVE FL 33133

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
LAWRENCE ROTHSTEIN

2.2 NAME
2701 S. BAYSHORE DRIVE

2.3 STREET ADDRESS
COCONUT GROVE FL 33133

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
CARLOS CAMAROTTI

3.2 NAME
2701 S. BAYSHORE DRIVE

3.3 STREET ADDRESS
COCONUT GROVE FL 33133

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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: *Carlos Camarotti* **CARLOS CAMAROTTI** 3/25/98 (205) 854-6813

CR2E034 (10/97)