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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90134 013 ***150.00

DOCUMENT # 457247 1. Corporation Name

H. & G. ENTERPRISES, INC.

Principal Place of Business		Mailing Address					, , , , , , , , , , , , , , , , , , , ,				
285 SW 33RD ST.			285 SW 33RD ST.								
FT LAUDERDALE FL 33315			FT LAUDERDALE FL 33315				DO NOT WRITE IN THIS SPACE				
US		US					3.	. Date Incorporated or Qualife			
							"	07/19/1974	-		
2. Principal P	lace of Business	2a. Mailing	a Address				4.	FEI Number		Ap	plied For
21		26	3 · ·					59-2106882		H	t Applicable
Suite, Apt.	#, etc.		Apt. #, etc.							. \$8.75 A	··-
22		<u> </u>	27				5.	. Certifcate of Status Desired		Fee Re	quired
City & State			City & State				6.	. Election Campaign Financing		\$5.00	Mav Be
23		28						Trust Fund Contribution	'	Added t	•
Zip	Country	Zip		Соип	itry	-	8.	. This corporation owes the cu	rrent year I	ntangible	
24	25	29		30				Personal Property Tax.		☐ Yes	□No
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Cu	irrent Registered A	gent				10.	. Name and Address of New	Registere	d Agent	
				1	81	Name					
	IMON, CARL H			1	82	Street Addre	ess (F	P.O. Box Number is Not Accep	table)		
6391 MOSELEY STREET							ices (1.5. Box Humber to Not Notes places)				
HOL	LYWOOD FL 33024			1	83						
				ļ.	84	City				85 Zip C	?nde
				١,		City			F		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
office or re	to the provisions of Sections 607 egistered agent, or both, in the S	itate of Florida. Such	3, Florida Statut n change was a	es, the abo	OVE-F	named corpo	oratioi on's bo	on submits this statement for the oard of directors. I hereby acc	e purpose o	ointment as req	registerea gistered
•	m familiar with, and accept the ot	bligations of, Section	n 607.0505, Flo	rida Statut	tes.						
SIGNATURE	m familiar with, and accept the ob-	bligations of, Section	e. (NOTE	rida Statut	tes.	signature required	d when r	reinstating)	DATE		
SIGNATURE	m familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS	bligations of, Sectior	n 607.0505, Flo e. (NOTE	: Registered A	tes. Agent si		d when r		DATE	ND DIRECTO	RS IN 12
SIGNATURE	m familiar with, and accept the of Signature, typed or printed name of registere OFFICERS	bligations of, Section	e. (NOTE	Registered A	tes. Agent si .E		d when r	reinstating)	DATE		
SIGNATURE	m familiar with, and accept the of Signature, typed or printed name of registere OFFICERS PD GAMMON, CARL H.	bligations of, Section	n 607.0505, Flo e. (NOTE	: Registered A	tes. Agent si .E		d when r	reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE	m familiar with, and accept the of Signature, typed or printed name of registeres OFFICERS PD GAMMON, CARL H. 6391 MOSELEY ST.	bligations of, Section	n 607.0505, Flo e. (NOTE	: Registered A 13. 1.1 TITU 1.2 NAM	tes. Agent si E ME		d when r	reinstating)	DATE	ND DIRECTO	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS	m familiar with, and accept the of Signature, typed or printed name of registeres OFFICERS PD GAMMON, CARL H. 6391 MOSELEY ST.	bligations of, Section	n 607.0505, Flo e. (NOTE	: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR	tes. Agent si E ME REET AC	signature required	d when r	reinstating)	DATE	ND DIRECTO	RS IN 12
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6.4 CITY+ST+ZIP 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, with all other like empowered.

SIGNATURE:

02/03/99

527-1027

CR2E034 (11/98)