FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **476851** **(1)**

1. Corporation Name
H L G, INC.

Principal Place of Business
1000 ALICE AVENUE
STUART FL 34994

Mailing Address
1000 ALICE AVENUE
STUART FL 34994

3. Date Incorporated or Qualified: **05/27/1975**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-1624883** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has taken advantage of intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

GLASCOCK, GENEVIEVE
1000 ALICE AVE.
STUART FL 33494

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 607.0505 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. The corporation is duly qualified to transact business in this state. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	VTA	[ ] DELETE
NAME	LARSCHAN, PATRICIA GLASC	
STREET ADDRESS	3511 SW FAIRWAY WEWT	
CITY, ST, ZIP	STUART, FL 00000	
TITLE	PTD	[ ] DELETE
NAME	GLASCOCK, GENEVIEVE	
STREET ADDRESS	3252 S.E. FAIRWAY WEST	
CITY, ST, ZIP	STUART FL	
TITLE	AS	[ ] DELETE
NAME	GLASCOCK, GENEVIEVE	
STREET ADDRESS	3252 SW FAIR WAY WEST	
CITY, ST, ZIP	STUART, FL 00000	
TITLE	DS	[ ] DELETE
NAME	LARSCHAN, PATRICIA GLASC	
STREET ADDRESS	3511 SW FAIRWAY WEST	
CITY, ST, ZIP	STUART FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		[✓] Change [ ] Addition
1. NAME		
1. STREET ADDRESS	1765 SW Oakwater Pt.	
1. CITY, ST, ZIP	Palm City, FL 34990	
2. TITLE		[✓] Change [ ] Addition
2. NAME		
2. STREET ADDRESS	1945 SW Oakwater Pt.	
2. CITY, ST, ZIP	Palm City, FL 34990	
3. TITLE		[✓] Change [ ] Addition
3. NAME		
3. STREET ADDRESS	1945 SW Oakwater Pt.	
3. CITY, ST, ZIP	Palm City, FL 34990	
4. TITLE		[✓] Change [ ] Addition
4. NAME		
4. STREET ADDRESS	1765 SW Oakwater Pt.	
4. CITY, ST, ZIP	Palm City, FL 34990	
5. TITLE		[ ] Change [ ] Addition
5. NAME		
5. STREET ADDRESS		
5. CITY, ST, ZIP		
6. TITLE		[ ] Change [ ] Addition
6. NAME		
6. STREET ADDRESS		
6. CITY, ST, ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information indicated on this 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 in an attached amendment, or no change is to be made.

SIGNATURE: Genevieve H. Glascock — March 15, 96 — 407-692-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER