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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 849082

(3)

H & G MANGEMENT, INC.

FILED May 08 1997 8:00am Secretary of State

|--|--|

Principal Place of Business Mailing Address					**				
1860 NORTH CONGRESS AVENUE 1860 NORTH CONGRESS AVENUE WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-1804									
TIEGO TITAM E	oction () is do not	VIS. / (Nam	, , , , , , , , , , , , , , , , , , , ,			Date Incorporated or Qualified 05/08/1981		le of Last R 12/1996	leport
	Place of Business	2a. Mailing Address	S			4. FEI Number 13-3382132		Ap	oplied For
Suite, Apt.	# oto		Suite, Apt. #, etc.		,	10-0302 102		Not Applicable \$8.75 Additional	
22	#, etc.	27 Suite, Apt. #, et	u.			5. Certificate of Status Desired			Additional equired
City & Stat	te	City & State				6. Election Campaign Financing		\$5,00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for i			. 199.032,
24	25	29	30	 			Yes [·
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Re	gistered A	gent	
	ON, JACQUES		1	81 N	ame				
	O N. CONGRESS AVE. ST PALM BEACH FL 33401		1	82 St	reet Addres	s (P.O. Box Number is Not Acceptab	le)		
116	VIIALIII BEAVIITE 997VI			83			 		
			•	84 C	itv			65 Zip (Code
					•	ration submits this statement for the p	<u>FL</u>		
agent. La SIGNATURE	am familiar with, and accept the ob-	_	05, Florida State (NOTE: Registered		nature required	when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	N 12
1114E	AS	☐ DELE	TE 1.1 TIT	LE				Change	Addition
NAME	BARACK, PETER J		1.2 NA	ME					
STREET ADDRESS	333 W WACKER DR #1120	}	1,3 STI	reet addi	RESS				
CITY - ST - ZIP	CHICAGO IL		1.4 CIT	ry-st-zif	·				
TITLE	PT	DELE	TE 2.1 TiT	ILE.				Change	Addition
NAME	BRION, JACQUES		2.2 NA	ME	j				
STREET ADDRESS	19853 198TH LN N		2.3 ST	REET ADD	RESS				
City-St-ZIP	JUPITER FL		2.4 CI	TY-ST-ZI	Р				
TITLE		DELE	TE 3.1 TIT	LE.				Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 ST	REET ADD	RESS				
CITY-ST ZIP			3.4. CI	TY - 5T - ZI	P				
TITLE		☐ DELE	TE 4.1 TIT	'LE				Change	Addition
NAME			4.2 N/	AME	ŀ	·			
STREET ADDRESS			4.3 \$1	REET ADD	RESS				
CITY-S1-ZIP			4.4 Ci1	TY-ST-ZIF	,]				
TITLE		☐ DELE	TE 5.1 TIT	LE				Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET ADD	ress				
CITY ST-ZIP				TY - ST - Z#	>				
TITLE		DELE	TE 6.1 TIT	LE				Change	Addition
NAME:			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET ADD	RESS				
CHTY-ST-ZIP			6.4 CIT	TY-\$T-ZIF	.				
	by certify that the information supp	nlied with this filing does not				n Section 119 07(3)(i) Florida Statute	s I further	certify that	the

The interest certify that the information supplied with this minig does not quality 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 appear with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #