

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 20 PM 1:41

1. Name of Limited Partnership H & G ASSOCIATES OF NY, LTD.	1a. DOCUMENT # B93000000286
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Mailing Address 2700 N. 29TH AVENUE, STE. 205 HOLLYWOOD FL 33020	Principal Office Address 2700 N. 29TH AVENUE, STE. 205 HOLLYWOOD FL 33020	3. Date Formed or Registered 07/07/1993	5a. Capital Contributions as Shown on record \$0.00
		3a. Date of Last Report 02/27/1996	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation NY	
2. Mailing Address 955 CONEY ISLAND AVE # 200 BROOKLYN NY 11230 U.S.	2a. Principal Office Address SAME	6. FEI Number NOT APPLICABLE	
		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent CLEMENTS, WILLIAM E 2700 N 29TH AVE SUITE 205 HOLLYWOOD FL 33020	10. Registered Office Name: 12/31/96--01029--009 Street Address (P.O. Box Number Is Not Acceptable): *****38.25 *****38.25 Suite, Apt. #, etc.: 600002041786--5 City: 12/31/96--01029--008 State: FL Zip Code: *****38.25 *****38.25
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) W E Clements DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
HIDARY, JACK A	1019 EAST 9TH STREET	BROOKLYN NY 11230	
GOLDSCHMIDT, JONAH	1101 E. 4TH ST.	BROOKLYN NY 11230	
			600002041786--5 -12/31/96--01029--005 *****38.25 *****38.25
			600002041786--5 -12/31/96--01029--006 *****38.25 *****38.25
			600002041786--5 -12/31/96--01029--007 *****38.25 *****38.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Jonah Goldschmidt DATE 12/13/96
 Typed or Printed Name of General Partner Signing Form Jonah Goldschmidt Daytime Telephone Number 718-693-8422