

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

FILED

Feb 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000003842 (2)

1. Corporation Name
HI-GVF, INC.



Principal Place of Business
300 OAK STREET
SUITE B
ST. SIMONS ISLAND GA 31522

Mailing Address
P.O. BOX 21870
ST. SIMONS ISLAND GA 31522-0970

3. Date Incorporated or Qualified 08/24/1993	3a. Date of Last Report 02/15/1996
4. FEI Number 58-2040773	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 613-B BEACHVIEW DRIVE Suite, Apt. #, etc. 22 City & State 23 ST. SIMONS ISLAND, GA Zip 24 31522	2a. Mailing Address 26 P.O. BOX 20287 Suite, Apt. #, etc. 27 City & State 28 ST. SIMONS ISLAND, GA Zip 29 31522	Country 25 USA 30 USA
---	---	-----------------------------

9. Name and Address of Current Registered Agent

SMITH, HULSEY & BUSEY
225 WATER STREET, SUITE 1800
JACKSONVILLE FL 32202

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	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELL, HAROLD E	1.2 NAME	
STREET ADDRESS	300 OAK ST. STE B	1.3 STREET ADDRESS	613-B BEACHVIEW DRIVE
CITY-ST-ZIP	ST. SIMONS ISLAND GA 31522	1.4 CITY-ST-ZIP	ST. SIMONS ISLAND, GA 31522
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDISON, BENJAMIN DR.	2.2 NAME	
STREET ADDRESS	300 OAK ST STE B	2.3 STREET ADDRESS	613-B BEACHVIEW DRIVE
CITY-ST-ZIP	ST. ISLAND GA 31522	2.4 CITY-ST-ZIP	ST. SIMONS ISLAND, GA 31522
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELL, LUCY	3.2 NAME	
STREET ADDRESS	300 OAK STREET STE B	3.3 STREET ADDRESS	613-B BEACHVIEW DRIVE
CITY-ST-ZIP	ST. SIMONS ISLAND GA 31522	3.4 CITY-ST-ZIP	ST. SIMONS ISLAND, GA 31522
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Harold Zell 1-31-97 912-638-3449

CR2E034 (9/96)