

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -7 PM 3: 33

DOCUMENT # **F93000004440 (4)**

1. Corporation Name
HNGP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**121 SOUTH MARTIN LUTHER KING BLVD.
LAS VEGAS NV 89106** **3000 ONE AMERICAN CTR
AUSTIN TX 78701
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/01/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **88-0305825** 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 liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREENSPUN, BARBARA J
STREET ADDRESS	121 SOUTH MARTIN LUTHER KING BLVD.
CITY - ST - ZIP	LAS VEGAS NV 89106
TITLE	VSTD
NAME	GREENSPUN, BRIAN L
STREET ADDRESS	121 SOUTH MARTIN LUTHER KING BLVD.
CITY - ST - ZIP	LAS VEGAS NV
TITLE	VD
NAME	LINDAUER, JERRY D
STREET ADDRESS	121 SOUTH MARTIN LUTHER KING BLVD.
CITY - ST - ZIP	LAS VEGAS NV 89106
TITLE	VD
NAME	MARCHBANKS, GREGORY S
STREET ADDRESS	121 SOUTH MARTIN LUTHER KING BLVD.
CITY - ST - ZIP	LAS VEGAS NV 89106
TITLE	VD
NAME	HODGE, JERRY
STREET ADDRESS	121 SOUTH MARTIN LUTHER KING BLVD.
CITY - ST - ZIP	LAS VEGAS NV 89106
TITLE	V
NAME	SUMMERHILL, KELLY
STREET ADDRESS	121 SOUTH MARTIN LUTHER KING BLVD.
CITY - ST - ZIP	LAS VEGAS NV 89106

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, with an appointment with an address.

SIGNATURE:

Shirley Coleman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-95
Date

512-476-7887
Telephone #

Ass't. Treasurer

