

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

152

DOCUMENT # F93000004592 (2)

1. Corporation Name
HGI REALTY, INC.



Principal Place of Business: **1050 WEST WESTERN AVE. MUSKEGON MI 49441**
Mailing Address: **C/O VELKVRH. BEV. RUDNICK & WOLFE 203 N LASALLE. #1800 CHICAGO IL 60601 US**

2. Principal Place of Business
21 **5000 Hakes Drive**
22 Suite, Apt. #, etc.
23 **Muskegon, Michigan**
24 **49441** 25 Country
26 **5000 Hakes Drive**
27 Suite, Apt. #, etc.
28 **Muskegon, Michigan**
29 **49441** 30 Country

3. Date Incorporated or Qualified: **10/12/1993**
3a. Date of Last Report: **04/07/1995**
4. FEI Number: **38-2559212**
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

9. Name and Address of Current Registered Agent: **THE PRENTICE-HALL CORPORATION SYSTEM INC 1201 HAYES STREET STE 105 TALLAHASSEE FL 32301**
10. Name and Address of New Registered Agent: **400001825504 -05/22/96--01110--046 ***200.00 FL**

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CPT	<input type="checkbox"/> DELETE	1.1 TITLE: delete T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KERR, JEFFREY A		1.2 NAME:	
STREET ADDRESS: 1050 W. WESTERN AVE.		1.3 STREET ADDRESS: 5000 Hakes Drive	
CITY-ST-ZIP: MUSKEGON MI 49441		1.4 CITY-ST-ZIP: Muskegon, Michigan 49441	
TITLE: V	<input type="checkbox"/> DELETE	2.1 TITLE: EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GEISLER, GARY E		2.2 NAME: Joseph Cattivera	
STREET ADDRESS: 1050 W. WESTERN AVE.		2.3 STREET ADDRESS: 5000 Hakes Drive	
CITY-ST-ZIP: MUSKEGON MI 49441		2.4 CITY-ST-ZIP: Muskegon, Michigan 49441	
TITLE: VS	<input type="checkbox"/> DELETE	3.1 TITLE: EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HAWORTH, GEORGE T		3.2 NAME: James S. Harris	
STREET ADDRESS: 1050 W. WESTERN AVE.		3.3 STREET ADDRESS: 5000 Hakes Drive	
CITY-ST-ZIP: MUSKEGON MI 49441		3.4 CITY-ST-ZIP: Muskegon, Michigan 49441	
TITLE: AS	<input type="checkbox"/> DELETE	4.1 TITLE: VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: CHURCH-ESSEX, AMY L		4.2 NAME: James S. O'Brien	
STREET ADDRESS: 1050 W WESTERN AVE.		4.3 STREET ADDRESS: 5000 Hakes Drive	
CITY-ST-ZIP: MUSKEGON MI		4.4 CITY-ST-ZIP: Muskegon, Michigan 49441	
TITLE: AS	<input type="checkbox"/> DELETE	5.1 TITLE: VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BOWNE, CLAUDIA R		5.2 NAME: James S. O'Brien	
STREET ADDRESS: 1050 W WESTERN AVE		5.3 STREET ADDRESS: 500 Hakes Drive	
CITY-ST-ZIP: MUSKEGON MI		5.4 CITY-ST-ZIP: Muskegon, Michigan 49441	
TITLE: AS	<input type="checkbox"/> DELETE	6.1 TITLE: VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BOWNE, CLAUDIA R		6.2 NAME: James S. O'Brien	
STREET ADDRESS: 1050 W WESTERN AVE		6.3 STREET ADDRESS: 5000 Hakes Drive	
CITY-ST-ZIP: MUSKEGON MI		6.4 CITY-ST-ZIP: Muskegon, Michigan 49441	

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 119.07(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 registered 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: _____ Date: **4/30/96** (616) 798-9100

CR2E034 (12/95)

AM 5-1-96

F93000004592

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HGI REALTY, INC.

ATTACHMENT TO FLORIDA ANNUAL REPORT

13. *Directors:*

<u>NAME</u>	<u>ADDRESS</u>
Jeffrey A. Kerr	5000 Hakes Drive Muskegon, Michigan 49441
Edwin N. Homer	5000 Hakes Drive Muskegon, Michigan 49441
Ronald L. Piasecki	5000 Hakes Drive Muskegon, Michigan 49441
Alan Glen	5000 Hakes Drive Muskegon, Michigan 49441
Douglas Crocker II	5000 Hakes Drive Muskegon, Michigan 49441
William P. Dickey	5000 Hakes Drive Muskegon, Michigan 49441
Norman Perlmutter	5000 Hakes Drive Muskegon, Michigan 49441
Marty Sherman	5000 Hakes Drive Muskegon, Michigan 49441
Francis T. Vincent, Jr.	5000 Hakes Drive Muskegon, Michigan 49441