FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:41

DOCUMENT # H69863 (9)

1. Corporation Name
H & G STUDIOS, INC.

Principal Place of Business
8259 N MILITARY TR. #3
PALM BCH GARDENS FL 33410
US

Mailing Address
8259 N MILITARY TR. #3
PALM BCH GARDENS FL 33410
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/06/1985
3a. Date of Last Report: 03/15/1994
4. FEI Number: 65-0010032 — 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
GABBE, RICHARD E.
SUITE 3
8259 NORTH MILITARY TRAIL
PALM BEACH GARDENS FL 33410

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	GABBE, RICHARD E.
STREET ADDRESS	~~190 BAYBERRY PL~~
CITY-ST-ZIP	JUPITER FL
TITLE	D
NAME	GABBE, BENITA L.
STREET ADDRESS	~~190 BAYBERRY PL~~
CITY-ST-ZIP	~~JUPITER FL~~
TITLE	DV
NAME	TARPELL, ALAN J.
STREET ADDRESS	8834 NATIVE DANCER
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	DTS
NAME	HIBEL, WILLIAM R.
STREET ADDRESS	1161 DOLPHIN RD.
CITY-ST-ZIP	RIVIERA BCH. FL
TITLE	D
NAME	HIBEL, DORIS E.
STREET ADDRESS	1161 DOLPHIN RD.
CITY-ST-ZIP	RIVIERA BCH. FL
TITLE	D
NAME	BURGETT, SIMUEL E.
STREET ADDRESS	18481 WINDSONG WAY
CITY-ST-ZIP	JUPITER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	11 Edinburgh Dr
1.4 CITY-ST-ZIP	Palm Bch Gdns Fl 33418
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	11 Edinburgh Dr
2.4 CITY-ST-ZIP	Palm Bch Gdns, Fl 33418
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 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 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 asterisk.

SIGNATURE: Richard E. Gabbe — 2/9/95 — 407/626-4770
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0250004 CP