FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H69863** **(9)**

1. Corporation Name

H & G STUDIOS, INC.

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

3. Date Incorporated or Qualified: **08/06/1985**

3a. Date of Last Report: **02/14/1995**

2. Principal Place of Business
21: 5660 CORPORATE WAY
22: Suite, Apt. #, etc.
23: City & State: WEST PALM BEACH, FL
24: Zip: 33407
25: Country: USA

2a. Mailing Address
26: 5660 CORPORATE WAY
27: Suite, Apt. #, etc.
28: City & State: WEST PALM BEACH, FL
29: Zip: 33407
30: Country: USA

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

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: RICHARD E GABBE
82 Street Address (P.O. Box Number is Not Acceptable): 5660 CORPORATE WAY
83:
84 City: WEST PALM BEACH FL 85 Zip Code: 33407

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: Richard E Gabbe — 2/19/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GABBE, RICHARD E.		1.2 NAME	
STREET ADDRESS	11 EDINBURGH DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GABBE, BENITA L.		2.2 NAME	
STREET ADDRESS	11 EDINBURGH DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL		2.4 CITY-ST-ZIP	
TITLE	~~DV~~	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	~~TARPELL, ALAN J.~~		3.2 NAME	
STREET ADDRESS	~~8634 NATIVE DANCER~~		3.3 STREET ADDRESS	REMOVE
CITY-ST-ZIP	~~PALM BEACH GARDENS FL~~		3.4 CITY-ST-ZIP	
TITLE	~~DTS~~	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	~~HIBEL, WILLIAM R.~~		4.2 NAME	
STREET ADDRESS	~~1161 DOLPHIN RD~~		4.3 STREET ADDRESS	REMOVE
CITY-ST-ZIP	~~RIVIERA BCH. FL~~		4.4 CITY-ST-ZIP	
TITLE	~~D~~	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	~~HIBEL, DORIS E.~~		5.2 NAME	
STREET ADDRESS	~~1161 DOLPHIN RD.~~		5.3 STREET ADDRESS	REMOVE
CITY-ST-ZIP	~~RIVIERA BCH. FL~~		5.4 CITY-ST-ZIP	
TITLE	~~D~~	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	~~BURGETT, SIMUEL E.~~		6.2 NAME	
STREET ADDRESS	~~18481 WINDSONG WAY~~		6.3 STREET ADDRESS	REMOVE
CITY-ST-ZIP	~~JUPITER FL~~		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 address.

SIGNATURE: Richard E Gabbe — 2/19/96 — 407/615-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #