

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

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H85024** (8)

1. Corporation Name
HGL PROPERTIES, INC.

Principal Place of Business
**4810 EXECUTIVE PARK CT.
JACKSONVILLE FL 32216
US**

Mailing Address
**50 N LAURA STREET
SUITE 2800
JACKSONVILLE FL 32202**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6602 Executive Park Ct. N.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/13/1985	
22 Suite, Apt. #, etc. Suite 207		27 Suite, Apt. #, etc.		4. FEI Number 59-2617452	
23 City & State Jacksonville, Florida		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 32216		25 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 Zip		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code 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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, JAMES P., JR.			1.2 NAME			
STREET ADDRESS	7800 BELFORT PARKWAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARINATOS, ANTHONY			2.2 NAME			
STREET ADDRESS	1610 INDEPENDENT SQUARE			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP			
TITLE	TS	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOLIAH, GLEN A.			3.2 NAME			
STREET ADDRESS	4429 OAK BAY DRIVE, WEST			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAM W. STOUT			4.2 NAME			
STREET ADDRESS	6602 EXECUTIVE PARK CRT., N.			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEWTO, RUSSELL B JR			5.2 NAME			
STREET ADDRESS	111 RIVERSIDE AVE, STE 140			5.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			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 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 my address.

SIGNATURE

[Signature] 10/24/98 JAMES P. SMITH JR. 1/29/98

CR2E034 (10/97)