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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Feb 20, 1999 8:00 am Secretary of State

	1999			9	DIVISION OF	CORPOR	RAT	IONS	02-20-1999 90092 011 ***150.00	
DOCU	MENT	# H85	024						.`	
HGL PR	OPERTIES	S. INC.								
7102 111	OI ZITTIZO	, 1110.							C PORTORI ORDE COLOR DIVIN BONTO HOM DERI BURN BURN BURN BURN BURN BURN BURN BURN	
Dringing Diag	o of Pusings			6 4 m 11 lm						
Principal Place of Business Mailing Address										
6602 EXECUTIVE PARK CT N #207 50 N LAURA STREET JACKSONVILLE FL 32216 SUITE 2800										
US JACKSONVILLE FL 32202									DO NOT WRITE IN THIS SPACE	
									3. Date Incorporated or Qualifed	
									11/13/1985	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number Applied For	
21 Suite, Apt. #, etc.				Suite, Apt. #, etc.					59-2617452 Not Applicable \$8.75 Additional	
22				27					5. Certificate of Status Desired Fee Required	
City & Star	te			City & State					6 Election Campaign Financing \$5.00 Nov. Po	
23					28				Trust Fund Contribution Added to Fees	
Zip	Country Zip			p	Country			8. This corporation owes the current year Intangible		
24	25 29 9. Name and Address of Current Registered Agent				30			Personal Property Tax. Yes ☐No		
	9, Name	and Address	of Current I	kegister	ed Agent		81	Name	10. Name and Address of New Registered Agent	
CT C	CORPORATI	ON SYSTEM								
1200	S. PINE IS	LAND ROAD					82	2 Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324							83		- 1988 - 1997 -	
							24	-		
							84 City FL 85 Zip Code			
11. Pursuant	to the provisi	ons of Section	607.0502	ind 607.	1508, Florida Statute	es, the al	bove	-named	ed corporation submits this statement for the purpose of changing its registered	
agent. I a	egistered age ım familiar wit	th, and accept	the State of the obligation	rionda. ans of, Se	such change was a ection 607.0505, Flo	utnorizeo rida Statu	utes.	tne corpo	rporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE										
12.	Signature, typed	or printed name of re	gistered agent at CERS AND			Registered 13.	Ageni	t signature n	re required when reinstating) DATE ADDITIONS (CHANCES TO OFFICE DE AND DIRECTORS IN 42)	
TITLE	DP	0111	DENO AND	DINEGI	DELETE	1.1 TII	1.E		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME	1	MES P.,JR.				1.2 NA	ME			
STREET ADDRESS					1.3 ST	1.3 STREET ADDRESS		ss		
CITY-ST-ZIP	JACKSONVILLE FL				1.4 CITY-ST-ZIP					
TITLE					☐ DELETE	2.1 ∏∏	LE		☐ Change ☐ Addition .	
NAME						2.2 NA	ME			
STREET ADDRESS						2.3 ST	REET	ADDRESS	ss	
CITY-ST-ZIP TITLE					☐ DELETE	2. 4 CI		T-ZIP	C Change C Addition	
					□ pere₁e	3.1 TIT			Change Addition	
NAME STREET ADDRESS						3.2 NA		ADDRESS I		
CITY-ST-ZIP						3.4. ÇI			55	
TITLE					☐ DELETE	4.1 TIT		1 - 2,11	· Change Addition	
NAME	•					4. 2 NA	ME			
STREET ADDRESS						4.3 STI	REET.	ADDRESS	s	
CITY-ST-ZIP						4.4 CIT	Y-ST	-ZIP		
TITLE					☐ DELETE	5.1 TIT			☐ Change ☐ Addition	
NAME						5.2 NA		*DDD=22	,	
STREET ADDRESS						1		ADDRESS	8	
CITY-ST-ZIP TITLE					☐ DELETE	5.4 CIT 6.1 TIT		- 2117	Change Addition	
NAME					_ 500010	6.2 NA				
STREET ADDRESS								ADDRESS	s	

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 an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ING OFFICER OR DIRECTOR