

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J15348**

(2)

1. Corporation Name
J. H. G. PROPERTIES, INC.

Principal Place of Business
9351 SW 56TH STREET
300 S.E. FIRST ST. FIFTH FLOOR
MIAMI FL 33165
US

Mailing Address
C/O LAWRENCE M. PLOUCHA
1946 TYLER STREET
HOLLYWOOD FL 33020-4517
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 9351 S.W. 56th Street		26 C/O LAWRENCE M. PLOUCHA		05/12/1986	04/23/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 Miami, Florida		28 Miami, Florida		59-2715645	<input type="checkbox"/> Not Applicable
24 33165		29 USA		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25 USA		30		6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
26 USA		31		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PLOUCHA, LAWRENCE M. E ATKINSON, DINER, STONE, BLANK & MANKUTA, PA 1946 TYLER STREET HOLLYWOOD FL 33022		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, JOSEPH T.	1.2 NAME	
STREET ADDRESS	9351 S.W. 56TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	DC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, HARVEY A., JR.	2.2 NAME	
STREET ADDRESS	9351 S.W. 56TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, MAURICE D.	3.2 NAME	
STREET ADDRESS	9351 S.W. 56TH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	DTS	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, ELIZABETH G.	4.2 NAME	Vice President
STREET ADDRESS	9351 S.W. 56TH STREET	4.3 STREET ADDRESS	Elizabeth G. Adams
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	9351 S.W. 56th Street
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 do 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 in an attachment with an address.

SIGNATURE: Maurice D. Adams **Maurice D. Adams** 1/16/97 305271-7211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)