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

APPROVED AND FILED

95 MAY -1 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L36852** **(6)**

1. Corporation Name
HYMAN-GILL INC.

Principal Place of Business	Mailing Address
3440 HOLLYWOOD BOULEVARD. #300 HOLLYWOOD FL 33021	3440 HOLLYWOOD BOULEVARD. #300 HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/18/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **65-0173251** ☐ 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 C. 199.032, Florida Statutes ☒ Yes ☐ 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 **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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	Director and President	☒ Change ☐ Addition
NAME	LUNGER, EUGENE E.	12 NAME	Sidney J. Jordan	
STREET ADDRESS	3440 HOLLYWOOD BLVD.	13 STREET ADDRESS	3440 Hollywood Blvd., Ste 300	
CITY ST ZIP	HOLLYWOOD FL	14 CITY ST ZIP	Hollywood, FL 33021	
TITLE	DV	21 TITLE	Secretary	☒ Change ☐ Addition
NAME	FORSTER, PETER C.	22 NAME	Bruce J. Moldow	
STREET ADDRESS	7500 OLD GEORGETOWN RD.	23 STREET ADDRESS	7500 Old Georgetown Road	
CITY ST ZIP	BETHESDA MD	24 CITY ST ZIP	Bethesda, MD 20814	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	GILL, HERSHELL	32 NAME		
STREET ADDRESS	4601 PONCE DE LEON BLVD	33 STREET ADDRESS		
CITY ST ZIP	CORAL GABLES FL	34 CITY ST ZIP		
TITLE	DT	41 TITLE		☐ Change ☐ Addition
NAME	NUSSDORF, LAWRENCE C.	42 NAME		
STREET ADDRESS	7500 OLD GEORGETOWN RD.	43 STREET ADDRESS		
CITY ST ZIP	BETHESDA MD	44 CITY ST ZIP		
TITLE	DS	51 TITLE		☐ Change ☐ Addition
NAME	LERAY JR., BRADLEY J.	52 NAME		
STREET ADDRESS	3440 HOLLYWOOD BLVD.	53 STREET ADDRESS		
CITY ST ZIP	HOLLYWOOD FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 13 above, or on an attachment with an address.

SIGNATURE: Bruce J. Moldow — Bruce J. Moldow — April 27 1995 — (301) 986-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0002443 CP