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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P36576

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90021 020 ***150.00

1. Corporation	Name OOO'									
H.G. MCGARY & CO., INC.										
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Principal Place	e of Business	M	lailing Address				- J (MB)((99) (AN FILE BILD) AICH (ABID BIL BIR) A			1 81911 1881
2900 E. 11TH S	RTOFFT	29	00 E. 11TH STREET							
LOS ANGELES CA 90023 LOS ANGELES CA 90023							DO NOT WRITE IN THIS	CDACE		
								SPACE		
							3. Date Incorporated or Qualifed			ļ
	- A Bushinson	200	Adailing Address				12/03/1991 4. FEI Number		Annli	ed For
	lace of Business	\vdash	2a. Mailing Address				95-1960608	\vdash		Applicable
21 Suite, Apt.	# etc	26	Suite, Apt. #, etc.			 	_	\$8.7		ditional
22			27				5. Certificate of Status Desired		Requ	
ZZ " City & Stāte	è	=	City & State	<u> </u>			6. Election Campaign Financing	\$5.	00 м	ay Be
23		28	•				Trust Fund Contribution	Add	ed to	Fees
Zip	Country	一	Zip -	c	Country		8. This corporation owes the current year In	tangible		_]
24	25	29		30			Personal Property Tax.	☐ Yes	Γ.,]No
	9. Name and Address of Current	t Regi	stered Agent				10. Name and Address of New Registered	Agent		
0.15	NIDEDO OADOI				81	Name				}
	INBERG, CAROL				82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
	GRIFFIN RD., A-336									
DANI	IA FL 33004				83					
					84	City		85	Zip Co	de
							FL	<u> </u>	. :4	giotarad
11. Pursuant i	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 0 of Flori	607.1508, Florida Statute ida. Such change was at	s, the uthoriz	e above zed by	s-named corpo the corporation	oration submits this statement for the purpose of n's board of directors. I hereby accept the appo	intment a	s regis	tered
agent. I a	m familiar with, and accept the obligat	tions o	f, Section 607.0505, Flor	ida Si	tatutes.					
SIGNATURE			//	0		t signature required	when reinstating) DATE			
12.	Signature, typed or printed name of registered agen OFFICERS AN		•		I3.	i signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTOR	S IN 12
TITLE	P	D DIIX	DELETE	_	1 TITLE			Cha		Addition
NAME	LINN, WILLIAM W., JR.			1.5	2 NAME					
STREET ADDRESS	21633 SADDLE PEAK RD			1.1	3 STREET	ADDRESS				
CITY-ST-ZIP	TOPANGA CA			1/	4 CITY-ST	r-ZIP				
TITLE	ST			_						Addition
NAME	BUSH, MARY-LU		□ DELETE	۷.	1 TITLE			Cha	nge	— ,
STREET ADDRESS			LI DELETE		1 HILE 2 NAME			Cha	nge	_
	4427 WALNUT AVENUE		E DELETE	2.2	2 NAME	ADDRESS		Cha	nge	
··CITY-ST-ZIP ·· ·	1 ,	_	DELETE	2.5 2.5	2 NAME			-		<u>.</u>
' '	4427 WALNUT AVENUE		DELETE	2.5 2.5 2.	2 NAME 3 STREET			☐ Cha		Addition
···CITY-ST-ZIP ··· ~	4427 WALNUT AVENUE	_	<u></u>	2.5 2.5 2.	2 NAME 3 STREET 4 CITY-S			-		<u>.</u>
···CITY-ST-ZIP ··· ·~	4427 WALNUT AVENUE	^	<u></u>	2.5 2.5 2. 3.4 3.2	2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME			-		<u>.</u>
TITLE NAME	4427 WALNUT AVENUE		DELETE	2.5 2.3 3.6 3.2 3.3	2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME	T-ZIP		Cha	nge	. Addition
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4) Stlasuses 4/1

Daytime Phone #

CR2E034 (11/98)