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 AM 5:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P36667 (4)

1. Corporation Name
HMG OF ORLANDO, INC.

Principal Place of Business	Mailing Address
9990 INTERNATIONAL DR ORLANDO FL 32819 US	1600 GOLF RD STE. 800 ROLLING MEADOWS IL 60008 US

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

3. Date Incorporated or Qualified: 12/06/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 36-3784805 ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ARCOS, ERNIE
2323 MCCOY RD
ORLANDO FL 32809

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
Signature, Typed or Printed Name of Registered Agent and Title if Applicable — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	CATALDO, C.A.	1.2 NAME	
STREET ADDRESS	1300 NORTH STATE PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	CATALDO, ROBERT	2.2 NAME	
STREET ADDRESS	1300 NORTH STATE PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☒ Change ☐ Addition
NAME	NARANS, DARCY W.	3.2 NAME	DELETE
STREET ADDRESS	1300 NORTH STATE PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	GAVZER, CHARLES A.	4.2 NAME	
STREET ADDRESS	1300 NORTH STATE PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GINGRICH, WILLIAM D.	5.2 NAME	
STREET ADDRESS	1125 17TH ST., #820	5.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO	5.4 CITY-ST-ZIP	
TITLE	CD	6.1 TITLE	☒ Change ☐ Addition
NAME	NARANS, STEPHEN R.	6.2 NAME	DELETE
STREET ADDRESS	1125 17TH ST., #820	6.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO	6.4 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/26/95 708-439-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0487441 FP