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

Mailing Address

7100 RADICE CT **STE 604** 

2a. Mailing Address

26

LAUDERHILL FL 33319

Suite, Apt. #, etc.

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P93000024203 (0) DOCUMENT # 1. Corporation Name

HGI ASSOCIATES, INC.

Principal Place of Business

2. Principal Place of Business

7100 RADICE CT

21

LAUDERHILL FL 33319

Suite, Apt. #, etc.

22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Country Country Zιο 8. This corporation owes or has paid the current year Intangible 24 ☐ Yes Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SWARTZ, RONALD 7100 RADICE CT. Street Address (P.O. Box Number is Not Acceptable) 82 **UNIT 604** 83 LAUDERHILL FL 33319 84 City 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, typod or printed name of registered agent and title if applicable (NOTE: Ringistered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE SWARTZ, SAMUEL 1.2 NAME NAME 7100 RADICE CT. #604 STREET ADDRESS 1.3 STREET ADDRESS LAUDERHILL FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE PRESIDENT/SECRETARY Change Addition 2.1 TITLE TITLE SWARTZ, CLARA NAME 2.2 NAME 7100 RADICE CT, 604 STREET ADDRESS 2.3 STREET ADDRESS LAUDERHILL FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 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 addrose.

**FILED** May 04 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

(80c) 376 · 7474

Not Applicable

3. Date Incorporated or Qualified

03/29/1993

65-0402690

5. Certificate of Status Desired

4. FEI Number