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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000074554

1. Corporation Name

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90117 036 ***150.00

1.H. ASS	OCIATES PROPERTY, IN	.							
Principal Place	of Business	Mailing Address	_						
112-19 69TH AVE 112-19 69TH AVE FOREST HILL NY 11375 FOREST HILL NY 11375			5						
							DO NOT WRITE IN THIS	SPACE	
							3. Date Incorporated or Qualifed 10/27/1993		
2. Principal Pl	ace of Business	2a. Mailing Address	_				4. FEI Number		Applied For
21		26					11-3182085		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired		Additional
22		27							Required
City & State	e	City & State		-			6. Election Campaign Financing Trust Fund Contribution		O May Be d'to Fees ==================================
Zip	Country	28 Zip	Co	untry			8. This corporation owes the current year in		3 10 1 00
·	25	29	30	<u>,</u>			Personal Property Tax.	Yes	□No
24	9. Name and Address of Curi			Τ			10. Name and Address of New Registered	Agent	
				81	Name				
	(BERG, GRAYSON & SINGER,	P.A.		82	Stract	Addro	ss (P.O. Box Number is Not Acceptable)		
25 SE SECOND AVE				02	Street	Audie	35 (P.O. Box Number is Not Acceptable)		
SUITE 730				83					
MAIM	/II FL 33131			84	City	-		85 Zi	p Code
							FL	. []	
office or n agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Piorida. Such change w	as autnorize	a ov	tne con	corpo	ration submits this statement for the purpose of i's board of directors. I hereby accept the appo	changing intment as	registered
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE: Registere	d Ager	nt signature	required v	when reinstating) DATE		
12.	OFFICERS	AND DIRECTORS	13.			т	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	
TITLE	D	☐ DELETI						Chang	le [] Youngii
NAME	SINGER, SEYMOUR N			IAME		1			
STREET ADDRESS	25 SE SECOND AVE SUITE	730	4		TADDRESS	i			
CITY-ST-ZIP	MIAMI FL 33131	DELETI		HTY-5	T-ZIP	+		Chang	e [] Addition
TITLE	DP 100EBL	□ Dereii				1		_ •	
NAME	HORNGRAD, JOSEPH			IAME	T ADDRESS				
STREET ADDRESS	112-19 69TH AVE			CITY-S		'			
CITY-ST-ZIP	FOREST HILLS NY 11375	☐ DELET			11-ZIP	+		Chang	e Addition
NAME				AME		ĺ			
STREET ADDRESS					T ADDRESS	;			
CITY-ST-ZIP			- 8	CITY-S					
TITLE	<u></u>	☐ DELET		TLE				Chang	ge 🔲 Addition
NAME			4. 2	NAME					
STREET ADDRESS			4.3 9	TREE	T ADDRESS	3			
CITY-ST-ZIP				πY-S	T-ZIP				
TITLE	-	☐ DELET		TLE		1		Chang	ge
NAME				IAME					
STREET ADDRESS					T ADDRESS	3			
CITY-ST-ZIP	<u> </u>			TY-S	T-ZIP	1			
TITLE		☐ DELET	- 1	ITLE		1		☐ Chang	ge
NAME			1	IAME		.}			
STREET ADDRESS					T ADDRESS	5			
CITY-ST-ZIP			640	TY-S		1. 2	ention 410 07/2\/i) Florida Statutas I further of	-1:5 . ab -4 bb	o information

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 impowered.

SIGNATURE:

SOSOBH HOENGRAG SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #