

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000016897 (8)

1. Corporation Name

HALG, INCORPORATED

Principal Place of Business

3301 N.E. 2ND AVE.
MIAMI FL 33137

Mailing Address

3301 N.E. 2ND AVE.
MIAMI FL 33137



3. Date Incorporated or Qualified
03/03/1994

3a. Date of Last Report
07/03/1995

2. Principal Place of Business

2a. Mailing Address

21 3920 S. CONGRESS AVE 27 3920 S. CONGRESS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0449444 65-0480963

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

22 City & State

27 City & State

23 LAKE WORTH, FL 28 LAKE WORTH, FL

Zip

Country

Zip

Country

24 33461 25 USA 29 33461 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAFFER, JACK J
3301 N.E. SECOND AVE.
MIAMI FL 33137

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS ☐ DELETE

NAME CAREY, GREGORY

STREET ADDRESS 3301 N.E. 2ND AVENUE

CITY-ST-ZIP MIAMI FL

TITLE DS ☐ DELETE

NAME BOATWRIGHT, LEONARD M JR.

STREET ADDRESS 3301 N.E. 2ND AVE.

CITY-ST-ZIP MIAMI FL 33137

TITLE D ☐ DELETE

NAME ASCHER, ROBERT

STREET ADDRESS 3301 N.E. 2ND AVE.

CITY-ST-ZIP MIAMI FL 33137

TITLE D ☒ DELETE

NAME MCCABE, HUGH

STREET ADDRESS 3301 N.E. 2ND AVE.

CITY-ST-ZIP MIAMI FL 33137

TITLE P ☐ DELETE

NAME GRUBER, ALBERT

STREET ADDRESS 906 N FLAGLER STREET

CITY-ST-ZIP HOMESTEAD FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(k), 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: LEONARD BOATWRIGHT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

Signature
279-1555
Daytime Phone #

CR2E034 (12/95)