FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
3920 S. CONGRESS AVE LAKE WORTH FL 33461	3920 S. CONGRESS AVE LAKE WORTH FL 33461-4106

3. Date Incorporated or Qualified: 03/03/1994
3a. Date of Last Report: 05/01/1996

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

4. FEI Number: 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: LEONARD BOATWRIGHT
82 Street Address (P.O. Box Number is Not Acceptable): 16155 SW 117 AVE
83: SUITE B-15
84 City: MIAMI FL 85 Zip Code: 33177

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: LEONARD BOATWRIGHT Leonard Boatwright 2/10/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DS~~	☐ DELETE	1.1 TITLE	P/D	☑ Change ☐ Addition
NAME	CAREY, GREGORY		1.2 NAME		
STREET ADDRESS	9825 DOMINICAN DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		1.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOATWRIGHT, LEONARD M JR.		2.2 NAME		
STREET ADDRESS	15410 SW 84TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ASCHER, ROBERT		3.2 NAME		
STREET ADDRESS	2001 NW 14TH ST. DELETE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33125		3.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCCABE, HUGH DELETE		4.2 NAME		
STREET ADDRESS	3301 N.E. 2ND AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137		4.4 CITY-ST-ZIP		
TITLE	P	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GRUBER, ALBERT DELETE		5.2 NAME		
STREET ADDRESS	906 N FLAGLER STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: LEONARD BOATWRIGHT 2/10/97 305 232-7040