**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000041902

1. Corporation Name

i HJG PHO	UPERTIES, INC.								
					i	[	HIDI KAKA INIK	EDIKƏ HIŞI IDDI	
Principal Place		Mailing Address	_	ľ					
1475 WEST GA		1475 WEST GATEWAY BLV BOYNTON BEACH FL 33421							
BOYNTON BEA	•		DO NOT WRITE IN THIS SPACE						
				3.	Date incorporated o	r Qualifed			
}		•			05/08/1998				ii
2. Principal Pl	lace of Business	2a. Mailing Address	···	4.	FE Number	$C_{\lambda}$	Ap	plied For	
21		26			APPLIED.	tor	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-	Certificate of Status	Desired	\$8.75		
22		27		3.	Certificate of Guidos		Fee Re	quired	i
City.&.State	θ	City & State		اد6ء - حوب	Election.Campaign.i	Einanding	\$5.00		<b>در در د</b>
23		28			Trust Fund Contribu	rtion	Added t	o Fees	1
Zip	Country	Zip	Country			es the current year.in	tangible	=	<del></del>
24	25	29	30		Personal Property T		<u></u>	□No	1
	9. Name and Address of Current	Registered Agent		10.	Name and Address	s of New Registered			
4147	IOUAL CORROBATE SECULATION I	TT4**	81 Name		JERRIEY	HAW	<i>مو</i> م		
	IONAL CORPORATE RESEARCH L	.TU., INC.	82 Street	Address (P.	O. Box Number is N	lot Acceptable)	11111		
	S HAYS STREET			1212	<u> </u>	2-04-deser	m 7		
SUFF			83					}	
IALL	AHASSEE FL 3230T		84 City /)		/		85 Zin Ç	ode	
ì			11 78	ocA /	CATON	<u>FL</u>	_    >-	J , — '	
ad Dunaumant	to the provisions of Sections 607.0502	and 607,1508, Florida Statute	s, the above-named	corporation	submits this statem	ent for the purpose o	changing its	registered ) ristered	
11. Pursuant	and the same and the same of the same of	Cleride Cush shance uma su	thorized by the core	anation a has	and of directors. I be	retw accept the appo			
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was au ons of, Spction 697.0505, Flor	ithorized by the corp ida Statutes.	oration's boa	ard of directors. I he	reby accept the appo	( a C	,	
1	to the provisions of Sections 607.0502 egistered agent, or both, in the State of in familiar with, and accept the obligation	Florida. Such change was au ons of, Spection 697.0505, Flor	ithorized by the corp ida Statutes.	oration's boa	ard of directors. I he	6) 67	(45		
office or re agent. I as	Signature, lyped or printed name of registered agent	and tile if applicable. [NOTE:	Registered Agent signature	required when re-	instating)	DATE	1 ''		(86
SIGNATURE	·	and tille if applicable. [NOTE:	Registered Agent signature	required when re-	instating)	6) 67	ND DIRECTO	RS IN 12	11/98)
SIGNATURE  12.  TITLE	Signature, typod or printed name of registered agent OFFICERS AND	and the if applicable. [NOTE:	Registered Agent signature 13. 1.1 TILE	required when re-	instating)	DATE	1 ''		4 (11/98)
SIGNATURE  12. TITLE NAME	Signature, typod or printed name of registered agent OFFICERS AND	and the if applicable. [NOTE:	Registered Agent signature 13. 1.1 TITLE 12 NAME	required when re-	instating)	DATE	ND DIRECTO	RS IN 12	034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typod or printed name of registered agent OFFICERS AND	and the if applicable. [NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	required when re-	instating)	DATE	ND DIRECTO	RS IN 12	2E034'(11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-2P	Signature, typod or printed name of registered agent OFFICERS AND	and the if applicable. PNOTE: TO DIRECTORS  OBLETE  JAM GWA  A 33486	Registered Agent signature 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	required when re-	instating)	DATE	ND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typod or printed name of registered agent OFFICERS AND	and the if applicable. [NOTE:	Registered Agent signsture 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	required when re-	instating)	DATE	ND DIRECTO	RS IN 12	CR2E034 (11/98)
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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 suppliemental 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 ampowered 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 additional properties.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90181 044 \*\*\*150.00