

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S89327** (8)

1. Corporation Name

HMG/ORANGE PARK NORTH, INC.

Principal Place of Business

**2701 S BAYSHORE DR
PH
COCONUT GROVE FL 33133**

Mailing Address

**2701 S BAYSHORE DR
PH
COCONUT GROVE FL 33133**

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/23/1991** 3a. Date of Last Report **03/15/1994**

4. FEI Number **65-0295864** 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. 199.022, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**BROWN, MORTON P.
1400 BRICKELL AVE.
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **LAWRENCE ROTHSTEIN**
82 Street Address (P.O. Box Number is Not Acceptable) **2701 South Bayshore Drive Penthouse**
83 City **Coconut Grove** FL 85 Zip Code **33133**

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 of agent or person in charge of registered agent, and time if applicable

(NOTE: Registered Agent signature required when vacating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **WIENER, MAURICE**
STREET ADDRESS **2701 S BAYSHORE DR, PH**
CITY-ST-ZIP **COCONUT GROVE FL**

TITLE **VSD**
NAME **ROTHSTEIN, LAWRENCE I.**
STREET ADDRESS **2701 S BAYSHORE DR, PH**
CITY-ST-ZIP **COCONUT GROVE FL**

TITLE **D**
NAME **GRAY, LEE**
STREET ADDRESS **2701 S BAYSHORE DR, PH**
CITY-ST-ZIP **COCONUT GROVE FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Lawrence Rothstein**

SIGNATURE AND TYPED OR PRINTED NAME OF CHIEF OFFICER OR DIRECTOR

4/27/95 305 854 6803

Date

Telephone Number