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AND
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95 MAY -1 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **V41668** (7)
 1. Corporation Name
H.G. REGENCY, INC.

Principal Place of Business Mailing Address
9501 ARLINGTON EXPRESSWAY **150 LANDSDOWNE DR.**
REGENCY SQUARE MALL #164 **ATLANTA GA 30328**
JACKSONVILLE FL 32225 **US**

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified 3a. Date of Last Report
06/04/1992 **08/11/1994**
 4. FEI Number Applied For
59-3136638 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
 9. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MAZZAWI, NICHOLAS
662 YOUNGSTOWN PARKWAY #209
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City FL B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and the filer, respectively. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS
 TITLE PD
 NAME **KABBENJIAN, DHANESS S**
 STREET ADDRESS **150 LANDSDOWNE DRIVE**
 CITY - ST - ZIP **ATLANTA GA**
 TITLE S
 NAME **KABBENJIAN, KRISTIN**
 STREET ADDRESS **105 LANDSDOWNE DRIVE**
 CITY - ST - ZIP **ATLANTA GA**
 TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 TITLE
 NAME
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 CITY - ST - ZIP
 TITLE
 NAME
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kristin Kabbenjian* **SECRETARY KRISTIN KABBENJIAN** 4/27/95 404-843-8119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr)