


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90027 011 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V41668**

1. Corporation Name  
**H.G. REGENCY, INC.**

Principal Place of Business  
**9501 ARLINGTON EXPRESSWAY  
REGENCY SQUARE #170  
JACKSONVILLE FL 32225  
US**

Mailing Address  
**150 LANDSDOWNE DR.  
ATLANTA GA 30328  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/04/1992</b>	
<b>21</b>	Suite, Apt. #, etc.	<b>26</b>	Suite, Apt. #, etc.	4. FEI Number <b>59-3136638</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22</b>	City & State	<b>27</b>	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>23</b>	Zip	<b>28</b>	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>24</b>	Country	<b>29</b>	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HAMPARSOUMIAN, JOHNNY  
2178 ROTHBURY DR  
JAX FL 32221**

10. Name and Address of New Registered Agent

<b>81</b>	Name
<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>	
<b>84</b>	City
<b>85</b>	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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	KABBENJIAN, DHANESS S	1.2 NAME	KABBENJIAN, DHANESS S
STREET ADDRESS	150 LANDSDOWNE DRIVE	1.3 STREET ADDRESS	150 LANDSDOWNE DRIVE
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	ATLANTA, GA. 30328
TITLE	S	2.1 TITLE	S
NAME	KABBENJIAN, KRISTIN	2.2 NAME	KABBEUSIAN, KRISTIN
STREET ADDRESS	105 LANDSDOWNE DRIVE	2.3 STREET ADDRESS	150 LANDSDOWNE DRIVE
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	ATLANTA, GA 30328
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: *Kristin Kabbenjian* KRISTIN KABBENJIAN 1/23/99 4048438119  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)