PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Marris

Secretary of State DIVISION OF CORPORATIONS

Feb 23, 1999 8:00 am Secretary of State 02-23-1999 90061 028 ***158.75

,	1999	DIVISION OF	CORPORATIONS		
1. Corporation					
HALL &	sons enterprises. I	NC.			
Principal Place	of Business	Mailing Address	- ",	1,194,194 9,194 1,194 9,194 1,194	
5500 WESTBUR	y Dr.	5500 Westbury Dr.		ł	
ORLANDO FL 3	2808	ORLANDO FL 32808		DO NOT WRITE IN TH	IS SPACE
us		US		3. Date Incorporated or Qualified	
				06/30/1986	•
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 73	14 Woodknot		boodknet Ct	59-2626562	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desireo	Fee Required
City & State	اع اه ا	City & State	= 1	- 6. Election Campaign Financing Trust Fund Contribution	\$5:00 May Be Added to Fees
23 <u>V</u> Y	TOURCE TIT	Zip	Country	8. This corporation owes the current year	
24 - 2283	S IS OTRIC		30 OFCINO-P	Personal Property Tax.	— ☐ Yes - ☐ No
24 3005	9. Name and Address of C		3	10. Name and Address of New Registers	d Agent
			81 Name	Duran 1 Hall	
	SELL L HALL		82 Street Ad	Idress (P.D. Box Number is Not Acceptable)	2 1-
5500 WESTBURY DRIVE				314 Woodknot	<u> </u>
ORLANDO FL 32808					
			B4 City	Oschonda F	85 Zip Code
44 Dustiont	to the equicions of Sections 60	7 0502 and 607 1508 Florida State	ites, the above-named co	exporation submits this statement for the purpose	of changing its registered
office or n	egistered agent, or both, in the S	State of Florida, Such change was	authorized by the corpora	reporation submits this statement for the purpose ation's board of directors. I hereby accept the app	pointment as registered
l .	m ramiliar wan and accept the c	John and San Sacron Sov. 10003, Fr	Durantil L	1-1	7-901
SIGNATURE	Signature, typid or printed name of registers	ed ageni and tale if applicable. (NOT	E: Registered Agent regneture requ		<u> </u>
12.	OFFICER	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition 17 Change Addition 22 Change Ch
TITLE	Ρ (DECETE 2	1.1 TITLE		7 Caller (2)
NAME	HALL, RUSSELL L.	offaress chan	12 NAME		8
STREET ADDRESS	SOUTH ENTERNANCE	Con ILA Rola	43 STREET ADDRESS		22
CITY-ST-ZIP	ORLANDO FL	O'N I Y ISON	V N.4 CITY-ST-ZIP		☐ Change ☐ Addition ○
TITLE	Kussey L. H	₹U	22 NAME		
NAME STREET ADDRESS	Ustri moodki	not Ct.	2.3 STREET ADDRESS		
CITY-ST-ZIP	avlanda F	=1 33835	2.4 CITY-ST-ZIP		
TITLE	C71 101441C4-1	DELETE	31 TITLE		☐ Change ☐ Addition
NAME	•		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
_C/TY-ST-ZIP	·		3.4. CITY-ST-ZIP		Change [] Addition
TITLE		— — DELETE	4.1 TITLE	,	
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 51 TITLE		Change Addition
TIPLE		□ nere ie	52 HAME		
NAME			53 STREET ADDRESS		}
STREET ADDRESS			5.4 CITY-51-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	8.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		}
CITY-ST-ZIP			6.4 C/TY-ST-ZIP		
					and the same of the same of the same

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 eman attachment with an address, with all other like empowered.

SIGNATURE: