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

PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V09115

(9)

HALVORSEN CORPORATION

Γ	'ILEL)
Apr 21	1997	8:00am
Secret	ary o	of State

Principal Place of Business	Mailing Address						
1900 GLADES RD STE. 260 BOCA RATON FL 33431	1900 GLADES RD. STE. 260 BOCA RATON FL 33431-7333 US						
US			Ī	3.	Date Incorporated or Qualified	3a. Date of Last Report	
			01/27/		01/27/1992	04/22/1996	
2. Principal Place of Business	2a. Mailing Address	7.		4, 1	FEI Number		Applied For
1 33 DE 4th Street	26 33 SE 4771	Str	eet		65-0319081		Not Applicable
Suite, Apt. #, etc.	Suite-Apt. #, etc.				Certificate of Status Desired	XX \$1	B.75 Additional
2 Just 100	27 Just 100)		5. \	Certificate of Status Desired	<i>y</i> ~	Fee Required
Olty & State 3 BOCA CATON F/	City & State 28 DOCH RATON	F	/		Election Campaign Financing Trust Fund Contribution		55.00 May Be Added to Fees
ZID 33432 25 PAIM BEACK	29 3343Z 30 PA	untry HM k	BEACH		This corporation has liability for in Florida Statutes	ntangible tax u Ngs 🔲 No	· ·
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
HALVORSEN, JEFFREY T		81 1	Vamo				
1900 GLADES ROAD STE. 260			Street Addres	S (P.	O. Box Number is Not Acceptable Street	le)	
BOCA RATON FL 33431		83	5		// ^		

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 register 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 ar	n familiar with, and accept the obligations of,	Section 607.0505, Flor	ida Statutos.	,	.,,	e' '''
SIGNATURE		4127		o (equired when reinstated) DAT	r:	
12.	Signature, typed or printed name of registered agent and tille if OFFICERS AND DIRECT		Registered Agent signature 13.	ADDITIONS/CHANGES TO OFFICERS A		S IN 12
TITLE	DPS	DELETE	1.1 TOLE		Change	Addition
NAME	HALVORSEN, JEFFREY T		1.2 NAME		, -	
STREET ADDRESS	1900 GLADES RD., STE. 260		1.3 STREET ADDRESS	33 SE HASTreet, Ste BOCA RATON, FLORISH 33 SE HASTreet, Se BOCA RATON, FLORISA	100	
CITY-ST-ZIP	BOCA RATON FL		1.4 C(1Y - S1 - Z(P	BOCA RATON, FLORINA	3343	32
TITLE	T	DELETE	2.1 TITLE		Change	Addition
NAME	HALVORSEN, JEFFREY T		2.2 NAME			1
STREET ADDRESS	1900 GLADES RD., STE. 260		2.3 STREET ADDRESS	33 SE 4th Street, Se	100	
CITY-ST-ZIP	BOCA RATON FL		2. 4 CHY- S1 - ZIP	BOCA RATON FLORIDA	33 / 3	2
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CHY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 City - St - 7iP			
TITLE		☐ DELETE	5.1 THLE		L Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CHY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6 2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			

14. Ido 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 perporation 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.