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

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 432844

HALLMARK PERSONNEL OF FLORIDA, INC.

| | | | | | | Bieli Bibil Bieli B | |
|--|---|--|---|---------------------------------------|--|---|----------------------|
| Principal Place of Business Mailing Address | | | | | | | 411 41211 1041 |
| 3201 W. COMMERCIAL BLVD #227 3201 W. COMMERCIAL BLVD FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 | | | | | | | |
| | | | 109 | | DO NOT WRITE IN THIS SPACE | | |
| , | | | | | 3. Date Incorporated or Qualifed | 3 01 702 | |
| | | | | | 08/15/1973 | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | Δnr | lied For |
| 21 26 | | | | | 59-1501436 | <u> </u> | Applicable |
| Suite, Apt | . #,-etc. | Suite, Apt. #, etc. | | | | \$8.75 A | |
| 22 | | | | | 5. Certifcate of Status Desired | Fee Red | |
| City & State City & State | | | | | 6. Election Campaign Financing | \$5.00 | May Re |
| 23 | 28 | | | | Trust Fund Contribution | Added to | • |
| Zip | Zip Country Zip | | Count | ry | 8. This corporation owes the current year Ir | tangible | |
| 24 | 25 29 30 | | 30 | | Personal Property Tax. | | □No |
| | 9. Name and Address of Curre | ent Registered Agent | | | 10. Name and Address of New Registered | Agent | |
| ADA | ICV DOMAIN D.D. | \$62 | 8 | 1 Name | | | |
| ARNEY, DONALD P. | | | | 2 Street Ac | ddress (P.O. Box Number is Not Acceptable) | | |
| 3201 W COMMERCIAL BLVD. #227 | | | L | | S. S. N. N. S. | to a grant | ***** |
| FUI | RT LAUDERDALE FL 33309 | | 8 | 3 | | 自內國數 | |
| | | | 8 | 4 City | | 85 Zip C | 36. 3.34. 431 Ado |
| 4.77 | 1.1.1 ±34 × 1.1.1 | | ا ا | Oily | Fl | _ 65 210 0 | oue |
| 11. Pürsüani | to the provisions of Sections 607.05 | 02 and 607.1508, Florida Statute | s, the abo | ve-named co | orporation submits this statement for the purpose o | changing its r | egistered |
| agent. I a | registered agent, or both, in the State am familiar with, and accept the oblig | e of Florida. Such change was at jations of, Section 607.0505, Flor | itnorized b ida Statute | y tne corpora s. | ation's board of directors. I hereby accept the appo | intment as reg | istered |
| SIGNATURE | _ | | | | | | } |
| OIOIVITORE | Signature, typed or printed name of registered ag | ent and title if applicable. (NOTE: | Registered Ag | ent signature requ | uired when reinstating) DATE | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | ARNEY, ELIZABETH F. 3201 W. COMMERCIAL BLVD. #227 | | 1.1 TITLE | | | ☐ Change | Addition \ |
| NAME | | | 1.2 NAME | | | | |
| STREET ADDRESS | | | 1.3 STRE | ET ADDRESS | | | |
| CITY-ST-ZIP | FORT LAUDERDALE FL | | 1.4 CITY- | ST-ZIP | | | |
| TITLE | | | 2.1 TITLE | | | Change | ☐ Addition |
| NAME | ARNEY, DONALD P. 221 | | | | | | |
| STREET ADDRESS 3201 W. COMMERCIAL BLVD. #227 2.3 | | | 2.3 STRE | ET ADDRESS | • | | |
| CITY-ST-ZIP FORT LAUDERDALE FL 2 | | | 2. 4 CITY- | ST-ZIP | | | |
| TITLE AND T | DELETE 3 | | 3.1 TITLE | | | Change | ☐ Addition |
| NAME . | | | 3.2 NAME | | | | |
| STREET ADDRESS | 2 | | | | | | |
| CITY-ST-ZIP | | | 3.3 STREE | TADDRESS | | | |
| TITLE | | | | | | | |
| NAME | | ☐ DELETE | 3.3 STREI 3.4. CITY- 4.1 TITLE | | | ☐ Change | Addition |
| | | ☐ DELETE | 3.4. CITY- | ST-ZIP | | ☐ Change | Addition |
| STREET ADDRESS | | ☐ DELETE | 3.4. CITY- 4.1 TITLE 4. 2 NAME | ST-ZIP | | Change | Addition |
| STREET ADORESS | | ☐ DELETE | 3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE | ST-ZIP | | Change | Addition |
| STREET ADORESS CITY-ST-ZIP TITLE | | ☐ DELETE | 3.4. CITY- 4.1 TITLE 4. 2 NAME | ST-ZIP | | | |
| CITY-ST-ZIP TITLE | | | 3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREI 4.4 CITY- | ST-ZIP | · · · · · · · · · · · · · · · · · · · | ☐ Change☐ Change | Addition |
| CITY-ST-ZIP TITLE NAME | | | 3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME | ST-ZIP ET ADDRESS ST-ZIP | : | | |
| CITY-ST-ZIP TITLE | | | 3.4. CITY- 4.1 TITLE 4. 2 NAME 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME | ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS | | | |

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.

6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90037 048 ***150.00