FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **441260** **(7)**

1. Corporation Name
HALEM INDUSTRIES, INC.

Principal Place of Business	Mailing Address
3053 SKYLINE DR. PO BOX 1419 COCOA FL 32923	3053 SKYLINE DR. PO BOX 1419 COCOA FL 32923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1973
3a. Date of Last Report: 07/12/1994

2. Principal Place of Business
21 P.O. Box 1419
22 Suite, Apt. #, etc.
23 City & State: Cocoa, FL
24 Zip: 32923 25 Country: USA

2a. Mailing Address
26 P.O. Box 1419
27 Suite, Apt. #, etc.
28 City & State: Cocoa, FL
29 Zip: 32923 30 Country: USA

4. FEI Number: 59-1515742 ☐ Applied For ☐ 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

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KEMP (DAVID)
140 N ORLANDO AVE
STE 190
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ (NOTE: Registered Agent signature required when mail-in filing) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	☒ Change ☐ Addition	
NAME	HALEM, ROBERT	12 NAME	Halem, Robert	
STREET ADDRESS	3053 SKYLINE DRIVE	13 STREET ADDRESS	6501 Grosvenor Lane	
CITY ST ZIP	COCOA FL	14 CITY ST ZIP	Orlando, FL 32835	
TITLE	CD	21 TITLE	☐ Change ☐ Addition	
NAME	HALEM, MICHAEL	22 NAME		
STREET ADDRESS	145 W 67THS T 45B	23 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	24 CITY ST ZIP		
TITLE	STD	31 TITLE	☐ Change ☐ Addition	
NAME	REIBEL, SUSAN	32 NAME		
STREET ADDRESS	879 GAINSWAY RD.	33 STREET ADDRESS		
CITY ST ZIP	YARDLEY PA	34 CITY ST ZIP		
TITLE		41 TITLE	☐ Change ☐ Addition	
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 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.

SIGNATURE: Robert Halem — Robert Halem — 4/27/95 — (407) 889-5533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0420020 FP