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Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **502119** **(1)**

1. Corporation Name
WHITEHALL FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
644 CYPRESS KEY DRIVE ATLANTIS FL 33462 US	P.O. BOX 6437 LAKE WORTH FL 33466-6437 US

3. Date Incorporated or Qualified: 04/28/1976
3a. Date of Last Report: 08/08/1996

2. Principal Place of Business — 21 —
Suite, Apt. #, etc. — 22 —
City & State — 23 —
Zip — 24 — Country — 25 —

2a. Mailing Address — 26 — 644 Cypress Key Dr.
Suite, Apt. #, etc. — 27 —
City & State — 28 — Atlantis FL
Zip — 29 — 33462 — Country — 30 — US

4. FEI Number: 59-1669946 ☐ 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

BURNHAM, DORI H
644 CYPRESS KEY DRIVE
ATLANTIS FL 33462

10. Name and Address of New Registered Agent

81 Name: Hanna, Dori H.
82 Street Address (P.O. Box Number is Not Acceptable): 644 Cypress Key Drive
83 ~~Apartment~~
84 City: Atlantis FL 85 Zip Code: 33462

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: DORI H. Hanna — Dori N. Hanna — DATE: 4/24/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	☐ DELETE	1.1 TITLE	Director/Chairman/ President	☒ Change ☐ Addition
NAME	CARPINELLO, JAMES A		1.2 NAME		
STREET ADDRESS	644 CYPRESS KEY DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HANNA, DORIS		2.2 NAME		
STREET ADDRESS	644 CYPRESS KEY DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-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-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-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		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Dori N. Hanna — DORI N. HANNA — President — 4/24/97