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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90248 004 \*\*\*158.75

## DOCUMENT # 503024

1. Corporation Name

TIMELITY AND COULD BY THE STATE OF THE STATE	HALLMARK	<b>CUSTOM</b>	BUILDERS.	INC.
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Principal Place	of Business	Mailing Addre	988						1811 61811 1481
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P. O. BOX 7676		P. O. BOX 767						00105	
N. PORT FL 34287 N. PORT FL 34287			DO NOT WRITE IN THIS SPACE						
US		US				3. Date Incorporated or Qual	itea		
						05/12/1976		<del>- , , , .</del>	
	ace of Business	2a. Mailing A	ddress			4. FEI Number		<del> </del>	plied For
21		26				<u>59-16779</u> 07	<del></del>		t Applicable
Suite, Apt. :	#, etc.	Suite, Apt	i. #, etc.			5. Certifcate of Status Desire	d 🔀	\$8.75 A	
22		27						Fee Re	·
City & State	е	City & Sta	ate			6. Election Campaign Finance	ing 🗆	\$5.00	
23		28				Trust Fund Contribution		Added to	o Feas
Zip	Country	Zip	_	Country		8. This corporation owes the	current year Int		eau.
24	25	29		<u> </u>		Personal Property Tax.	·		No
	9. Name and Address of Curre	ent Registered Age	nt		N	10. Name and Address of N	ew Registered	Agent	
BAAL I	NOCKL IMMES			81	Name				ļ
	NOSKI, JAMES 1 MOUNT PROSPECT			82	Street Ad	dress (P.O. Box Number is Not Ac	ceptable)		
PUR	T CHRLOTTE FL 33954			83					ľ
				84	City			85 Zip C	Code
					ĺ		FL	• I L `	
office or re	to the provisions of Sections 607.03 egistered agent, or both, in the Stat m familiar with, and accept the oblig	te of Florida. Such c	hange was auth	orized by	the corpora	rporation submits this statement for ation's board of directors. I hereby a	the purpose of sccept the appoi	cnanging its intment as rec	registered gistered
SIGNATURE	. <u></u>								{
l '	Signature, typed or printed name of registered as	gent and title if applicable.	(NOTE: Re	gistered Ager	it signature requ	ired when reinstating)	DATE		
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14. I hereby certify that the information supplied with this filling 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 of 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.

SIGNATURE:

ATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/99 941 625 9796

R2E034 (11/98)