FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 673588 (0)

1. Corporation Name
HALKEY-ROBERTS CORPORATION

Principal Place of Business
11600 9TH STREET NORTH
ST. PETERBSURG FL 33716-2397
US

Mailing Address
11600 9TH STREET NORTH
ST. PETERBSURG FL 33716-2397
US

3. Date Incorporated or Qualified: 06/16/1980
3a. Date of Last Report: 02/07/1995
4. FEI Number: 59-2013247 — 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

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

2a. Mailing Address
26 ______
Suite, Apt #, etc.
27 ______
City & State
28 ______
Zip 29 ______ Country 30 ______

9. **Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

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 ______ Date ______

12. OFFICERS AND DIRECTORS

Field	Entry	Delete
TITLE	P	[✓] DELETE
NAME	OLDFORD, JOHN S	
STREET ADDRESS	99 WOOD AV. SOUTH	
CITY-ST-ZIP	ISELIN NJ	
TITLE	V	[ ] DELETE
NAME	PALUS, EDWARD J.	
STREET ADDRESS	11600 9TH ST NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	V	[✓] DELETE
NAME	HEIJMANS, JOHN M.	
STREET ADDRESS	11600 9TH ST. NORTH	
CITY-ST-ZIP	ST. PETERBURG FL	
TITLE	D	[✓] DELETE
NAME	HEMSTEAD, GEORGE	
STREET ADDRESS	99 WOOD AV SOUTH	
CITY-ST-ZIP	ISELIN NJ	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change / Addition
1.1 TITLE	P	[✓] Change [ ] Addition
1.2 NAME	GAMBLE, CHARLES S.	
1.3 STREET ADDRESS	11600 9th ST. North	
1.4 CITY-ST-ZIP	St. Petersburg Fl 33716-2397	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	[ ] Change [✓] Addition
3.2 NAME	Peter Lamm	
3.3 STREET ADDRESS	152 W. 57th St	
3.4 CITY-ST-ZIP	New York, NY 10019	
4.1 TITLE	D	[ ] Change [✓] Addition
4.2 NAME	Andrea Geisser	
4.3 STREET ADDRESS	152 W. 57th St.	
4.4 CITY-ST-ZIP	New York, NY 10019	
5.1 TITLE	D	[ ] Change [✓] Addition
5.2 NAME	Richard C. Dresdale	
5.3 STREET ADDRESS	152 W. 57th St.	
5.4 CITY-ST-ZIP	New York, NY 10019	
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: Edward J Palus — 3/28/96 — 813 577 1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
EDWARD J. PALUS

CR2E034 (12/95)