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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1997

POCUMENT # F95000001899 (2)

FILED Jan 24 1997 8:00am Secretary of State

HAL MATHER, INC. Principa Place of Business Maning Address 40 MARSH CREEK ROAD 40 MARSH CREEK ROAD AMELIA ISLAND FL 32034-8419					
				3. Date Incorporated or Qualified	
				05/09/1995	02/09/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	I H cha	26		58-1343609	Not Applicable
Suite, Ap 22	(#, etc:	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	_ \$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
<i>Z</i> :p	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30		Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New R	egistered Agent
	T CORPORATION SYSTEM		81 Name		
	00 SOUTH PINE ISLAND ROAD		82 Street Ac	ddress (P.O. Box Number is Not Accepta	able)
PL	ANTATION FL 33324		83	, , , , , , , , , , , , , , , , , , ,	
			84 City	18 66.0	FL 85 Zip Code
11 Parentan	to the recognitions of Sections 607 056	12 and 607 1508. Florida State	utes the above-named or	ornoration submits this statement for the	
agent I	am familiar with, and accept the oblig	ations of, Section 607.0505, F	s authorized by the corpo Florida Statutes.	orporation submits this statement for the oration's board of directors. I hereby acce	ept the appointment as registered
agent I SIGNATURE	am tamiliar with, and accept the oblig	ations of, Section 607.0505, F	s authorized by the corportorida Statutes. OTE: Registered Agent signature re 13.		DATE
agent i SIGNATURE	am tamiliar with, and accept the oblig	ert and fits if applicable INC	TITE: Registered Agent signature re	iquired when reinslating)	DATE
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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.

904-261-6011