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 APR 26 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G36737 (6)

1. Corporation Name
HALLMARK VINYL IMPROVEMENT COMPANY

Principal Place of Business	Mailing Address
% ROBERT H. MADDEN 1910 NW 22ND CT. POMPANO BCH. FL 33069	% ROBERT H. MADDEN 1910 NW 22ND CT. POMPANO BCH. FL 33069

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/03/1983
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21: 1889 NW 22 ST
22: Suite, Apt. #, etc.
23: City & State: POMPANO Beach
24: Zip: 33069
25: Country: U.S.A.

2a. Mailing Address
26: 1889 NW 22 ST.
27: Suite, Apt. #, etc.
28: City & State: POMPANO Beach
29: Zip: 33069
30: Country: U.S.A.

4. FEI Number: 59-2332264 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ 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

MADDEN MARY J
1910 NW 22ND CT.
POMPANO BCH. FL 33069

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1889 NW 22 ST.
83
84 City: POMPANO Beach FL 85 Zip Code: 33069

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: Mary J. Madden — DATE: 4/10/95
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	11 TITLE	PD	☒ Change ☐ Addition
NAME	MADDEN, ROBERT H	12 NAME	MARY J. MADDEN	
STREET ADDRESS	1910 NW 22ND CT	13 STREET ADDRESS	1889 NW 22 ST.	
CITY-ST-ZIP	POMPANO BCH, FL 00000	14 CITY-ST-ZIP	POMPANO Beach, Florida 33069	
TITLE	TD	21 TITLE		☐ Change ☐ Addition
NAME	MADDEN, MARY J	22 NAME		
STREET ADDRESS	1910 NW 22ND CT	23 STREET ADDRESS	1889 NW 22 ST.	
CITY-ST-ZIP	POMPANO BCH, FL 00000	24 CITY-ST-ZIP	POMPANO Beach, Florida 33069	
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	MADDEN, MARK J	32 NAME		
STREET ADDRESS	1910 NW 22ND CT	33 STREET ADDRESS	1889 NW 22 ST.	
CITY-ST-ZIP	POMPANO BCH, FL 00000	34 CITY-ST-ZIP	POMPANO Beach, Florida 33069	
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	PACE, LISA A.	42 NAME		
STREET ADDRESS	1910 N.W. 22ND COURT	43 STREET ADDRESS	1889 NW 22 ST	
CITY-ST-ZIP	POMPANO BCH. FL	44 CITY-ST-ZIP	POMPANO Beach, Florida 33069	
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: Lisa Pace — 4/10/95 (Date) — (305) 979-6775 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0112530 CP