

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G36737 (6)**

1. Corporation Name

HALLMARK VINYL IMPROVEMENT COMPANY



Principal Place of Business

1889 NW 22 ST
1910 NW 22ND CT.
POMPANO BCH. FL 33069
US

Mailing Address

1889 NW 22 ST
1910 NW 22ND CT.
POMPANO BCH. FL 33069
US

2. Principal Place of Business

21 **1889 NW 33 ST**

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

23 **POMPANO BEACH FL**

Zip

24 **33069**

Country

25 **BROWARD**

City & State

27

Zip

28

Country

30

9. Name and Address of Current Registered Agent

MADDEN MARY J
1889 NW 22 ST
POMPANO BCH. FL 33069

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

Signature typed or printed name of registered agent and the filer, if applicable.

(NOTE: Registered Agent Signature is required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **MADDEN, ROBERT H**
STREET ADDRESS **1889 NW 22 ST**
CITY-STATE-ZIP **POMPANO BCH, FL 00000**

TITLE **TD** ☐ DELETE
NAME **MADDEN, MARY J**
STREET ADDRESS **1889 NW 22 ST**
CITY-STATE-ZIP **POMPANO BCH, FL 00000**

TITLE **VD** ☐ DELETE
NAME **MADDEN, MARK J**
STREET ADDRESS **1889 NW 22 ST**
CITY-STATE-ZIP **POMPANO BCH, FL 00000**

TITLE **S** ☐ DELETE
NAME **PACE, LISA A.**
STREET ADDRESS **1889 NW 22 ST**
CITY-STATE-ZIP **POMPANO BCH. FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE **PTD** ☒ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP **ZIP: 33069**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP **ZIP: 33069**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP **ZIP: 33069**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Lisa A. Pace)

Date

Daytime Phone #

4/19/96 954-979-6775

CR2E034 (12/95)