
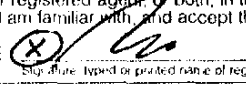
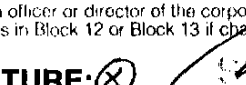


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G36737 (6)					
1. Corporation Name HALLMARK VINYL IMPROVEMENT COMPANY					
Principal Place of Business 1889 NW 22 CT POMPANO BEACH FL 33069 US			Mailing Address 1889 NW 22 CT POMPANO BEACH FL 33069 US		
2. Principal Place of Business 21 1889 NW 22 ST Suite, Apt. #, etc.		2a. Mailing Address 26 1889 NW 22 ST Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/03/1983	
22 City & State		27 City & State		3a. Date of Last Report 04/24/1996	
23 Zip		28 Zip		4. FEI Number 59-2332264	
24 Country		29 Country		Applied For <input type="checkbox"/> Not Applicable	
9. Name and Address of Current Registered Agent MADDEN MARY J 1889 NW 22 ST POMPANO BCH. FL 33069				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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, 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:  (04-18-97) Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MADDEN, MARY J		1.2 NAME		
STREET ADDRESS	1889 NW 22 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MADDEN, MARK J		2.2 NAME		
STREET ADDRESS	1889 NW 22 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069		2.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PACE, LISA A.		3.2 NAME		
STREET ADDRESS	1889 NW 22 ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL 33069		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I do hereby certify that the information supplied with this filing 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:  (04-18-97) 954-979-6775 Signature typed or printed name of signing officer or director DATE Daytime Phone #					



CR2E034 (9/96)