

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

05 MAY -1 PM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G59670

(1)

1. Corporation Name

HALLCREST CORPORATION

Principal Place of Business

**6300 S. DIXIE HWY., #101
W PALM BCH FL 33405-1330**

Mailing Address

**6300 S. DIXIE HWY., #101
W PALM BCH FL 33405-1330**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1983

3a. Date of Last Report

08/18/1994

4. FID Number

59-2327089

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 USP,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite Apt # etc

22

Suite Apt # etc

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HALL, MYRTELINA L
6300 SOUTH DIXIE HIGHWAY
W PALM BCH FL 33405**

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 (b)(4) and 607 (5)(b), 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 (5)(b), Florida Statutes.

SIGNATURE

Signature of Registered Agent (must be signed by the Registered Agent)

Signature of Registered Agent (must be signed by the Registered Agent)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

**SD
HALL, ROBERT H
6300 S. DIXIE HWY., #101
W PALM BCH, FL 00000**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change ☐ Addition

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

**PD
HALL, MYRTELINA L
6300 S. DIXIE HWY., #101
W PALM BCH, FL 00000**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 190.02(3)(b), Florida Statutes. I further certify that the information included 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 business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the 12 of Block 1 of the report or on an attachment with an address.

SIGNATURE:

Myrteлина Laurens Hall

Myrteлина Laurens Hall MD, (H09) 9835-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR