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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # G-59670 1. Corporation Name HALLCrest Corporation

FILED
May 20 1997 8:00am
Secretary of State

Principal Place of Business 6300 5. Divie Hwy #101 WEST PAIM BEACH Fol. 33405 WEST PAIM BEACH Fol. 33405					y#101 l.	AMENDMENT.			
WEST 17	HIM BOHER 19100 F	vo ww.	17Tiles	334	05	3. Date incorporated or Qualified 09/15/1983	3a. Date of 04	Last R	aport 97
	ace of Business	2a. Mailing Ad	ddress			4. FEI Number		Ar	oplied For
1		26	Al . da			54. 232 7089	<u> </u>		ot Applicable
Suite, Apt.	#, etc	Suite, Apt	#. etc.			5. Certificate of Status Desired	1 1		Additional equired
City & State	3	City & Sta	ile			6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · · 		May Be
<u> </u>		28				Trust Fund Contribution		Added	to Fees
Zιρ	Country	Zip		Country		8. This corporation has liability for	- · -		. 199.032,
4]	9. Name and Address of Currer	29		30		Florida Statutes L 10. Name and Address of New Re	Yes No		
	s, Name and Address of Currer	III Negisteleu Agei	<u>" </u>	81 N	Name	To. Name and Address of New No	gistoreu Agen		
MI	ivtelina Lurea	NO HAU	, עיא		S	16.00 D			
	Intelina Lurea 300 S. Difie 31 Palm Beach	Hwy #	101	82 S	ordet Addre	ss (P.O. Box Number is Not Acceptal	ole)		
	- 1-00 Lin Denik	F. 33	405	83		· · · · · · · · · · · · · · · · · · ·			
W	37 PAIN DOAGE			84 C	City		85	Zin i	Code
				54 ~	zity .		FL \mid "	2,0	Code
office or re agent. I ar	o the provisions of Sections 607-056 egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida, Such or	nange was a	authorized by the	e corporatio	oration submits this statement for the ponts board of directors. I hereby acce	pt the appointm	ient as	registered
SIGNATURE .	Signature, typed or printed hame of registerio ago	ent and title if applicable	- (NOTE	Begis ered Agent a	gnature require	6 when reinstating)	DATE		
		ID DIRECTORS		Begistered Agent so	ghature required	e when reinstating) ADDITIONS/CHANGES TO OFFIC	CERS AND DIR		
2.	OFFICERS AN	ID DIRECTORS	DELETE	13. 11 HILE	gnature required		CERS AND DIR	ECTOF Change	
2. ITLE	OFFICERS AN	ID DIRECTORS	DELETE	13. 11 HILE 12 NAME			CERS AND DIR		
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MyHteliNA LAUVEHNW HALL M.D. 5/12/47 (581) 585-3200
OFFICER OR DIRECTOR