

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 MAY -1 PM 10:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H72815 (4)

1. Corporation Name

HALLMARK PROPERTIES OF BROWARD, INC.

Principal Place of Business

**C/O IRWIN A. WEISER
515 E. LAS OLAS BLVD., STE. 950
FORT LAUDERDALE FL 33301**

Mailing Address

**C/O IRWIN A. WEISER
515 E. LAS OLAS BLVD., STE. 950
FORT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/23/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2615294

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. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**HARDIN, DAVID C.
BROWARD FINANCIAL CENTRE, SUITE 1950
500 E. BROWARD BLVD.
FT. LAUDERDALE FL 33394-0079**

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 title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DV

NAME

**WEISER, IRWIN A
515 LAS OLAS BLVD #950
FT LAUDERDALE FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

DST

NAME

**WEISER, B. ELIZABETH
515 E. LAS OLAS BLVD. #950
FT LAUDERDALE FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

PD

NAME

**WEISER, IRWIN
515 LAS OLAS BLVD.
FT. LAUDERDALE FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

DELETE

☒ Change ☐ Addition

ADD ZIP 33301

☒ Change ☐ Addition

ADD SUITE 950

ADD ZIP 33301

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRWIN A. WEISER, PRESIDENT

4/28/95 305-545-1040