

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

DOCUMENT # K53400

(3)

1. Corporation Name

HALLMARK SERVICE SYSTEMS, INC.

Principal Place of Business

221 NW 4TH AVE
PO BOX 480
HALLANDALE FL 33009

Mailing Address

221 NW 4TH AVE
PO BOX 480
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/22/1988

3a. Date of Last Report
11/14/1994

4. FEI Number
65-0090443

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 2500 HALLANDALE BCH BLVD

2a. Mailing Address

25 PO BOX 488

Suite, Apt. #, etc.

22 SUITE 607

Suite, Apt. #, etc.

27 HALLANDALE, FL.

City & State

23 HALLANDALE, FL 33009

City & State

28 HALLANDALE, FL.

Zip

24 33009

Country

25 BROWARD

Zip

29 33008

Country

30 BROWARD

9. Name and Address of Current Registered Agent

GREENSPAN, BERNARD
1945 NE 207TH ST.
N. MIAMI BEACH FL 33179

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 PD
NAME GREENSPAN, BERNARD
STREET ADDRESS 2665 S BAYSHORE DR #M103
CITY-STATE-ZIP COCONUT GROVE FL

TITLE D
NAME GREENSPAN, JOSEPH
STREET ADDRESS 26 CLOVERDALE CT
CITY-STATE-ZIP PALM COAST FL

TITLE S
NAME GREENSPAN, ROSE
STREET ADDRESS 26 CLOVERDALE CT
CITY-STATE-ZIP PALM COAST FL

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

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 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 or on an attachment with an acknowledgment.

SIGNATURE: BERNARD GREENSPAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/95 305/456-1511