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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K85883

(2)

1. Corporation Name

THE HALIFAX CORPORATION



Principal Place of Business

Mailing Address

~~DAVID BAKUN~~ ~~3874 HIDDEN ACRES CIR~~ ~~15408 FIDDLESTICKS~~ ~~NORTH FT. MYERS FL 33903~~
o/o HARVEY COHEN
FT. MYERS, FL 33912

~~DAVID BAKUN~~ ~~3874 HIDDEN ACRES CIR~~ ~~15408 FIDDLESTICKS BLVD~~ ~~NORTH FT. MYERS FL 33903~~
o/o HARVEY COHEN
FT. MYERS, FL 33912

3. Date Incorporated or Qualified 05/05/1989

3a. Date of Last Report 05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BAKUN, DAVID~~
~~3874 HIDDEN ACRES CIR~~
~~NORTH FT. MYERS FL 33903~~

81 Name HARVEY COHEN

82 Street Address (P.O. Box Number is Not Acceptable) 15648 FIDDLESTICKS BLVD.

83

84 City FT. MYERS

85 Zip Code FL 33912

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 HARVEY COHEN, Pres.

Harvey Cohen

4/29/96

12. OFFICERS AND DIRECTORS

TITLE P
NAME ~~BAKUN, DAVID~~
STREET ADDRESS ~~3874 HIDDEN ACRES CIR~~
CITY-ST-ZIP ~~N FT MYERS FL~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRES.
12 NAME HARVEY COHEN
13 STREET ADDRESS 15648 FIDDLESTICKS BLVD.
14 CITY-ST-ZIP FT. MYERS, FL 33912

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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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 119.07(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: HARVEY COHEN - Harvey Cohen

4/12/96

201-768-3677

CR2E034 (12/95)