
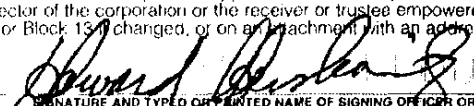


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L28245 (3) 1. Corporation Name HAL INVESTMENT SYSTEMS, INC.			
Principal Place of Business % HOWARD HERSKOWITZ 212 S.E. 8TH STREET, SUITE 101 FORT LAUDERDALE FL 33316		Mailing Address C/O HOWARD HERSKOWITZ P.O. BOX 22038 FT. LAUDERDALE FL 33335-2038 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 11/03/1989		3a. Date of Last Report 04/18/1996	
4. FEI Number 65-0157418		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent HERSKOWITZ, HOWARD 212 S.E. 8TH STREET SUITE 101 FORT LAUDERDALE FL 33316		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD <input type="checkbox"/> DELETE		
NAME	HERSKOWITZ, HOWARD		
STREET ADDRESS	1401 SE 9TH ST.		
CITY-ST-ZIP	FORT LAUDERDALE FL		
TITLE	STD <input type="checkbox"/> DELETE		
NAME	HERSKOWITZ, AARON		
STREET ADDRESS	4990 S.W. 64TH PLACE		
CITY-ST-ZIP	MIAMI FL		
TITLE	VD <input type="checkbox"/> DELETE		
NAME	HERSKOWITZ, LOUIS		
STREET ADDRESS	1790 MULKEY ROAD #1		
CITY-ST-ZIP	AUSTELL GA		
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	P/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME	Herskowitz, Howard		
1.3 STREET ADDRESS	1401 S.E. 9th Street		
1.4 CITY-ST-ZIP	Fort Lauderdale, FL		
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME	Herskowitz, Aaron		
2.3 STREET ADDRESS	4990 S. W. 64th Place		
2.4 CITY-ST-ZIP	Miami, FL 33155		
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address.			
SIGNATURE: 		Howard B. Herskowitz, Pres. 2/13/97 (954) 764-4750	

CR2E034 (9/96)