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 MAR 27 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M77549 (7)

1. Corporation Name
HALLMARK INVESTMENT ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~C/O TERRY A. LURIE, P.A.~~ ~~98 VINEYARDS BLVD~~ ~~NAPLES FL 33999-1703~~	~~C/O TERRY A. LURIE, P.A.~~ ~~98 VINEYARDS BLVD~~ ~~NAPLES FL 33999-1703~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/22/1988
3a. Date of Last Report: 03/04/1994

2. Principal Place of Business	2a. Mailing Address
21 C/O Donna M. More	26 c/o Donna M. More
Suite, Apt. #, etc. 22 98 Vineyards Blvd.	Suite, Apt. #, etc. 27 98 Vineyards Blvd.
City & State 23 Naples, FL	City & State 28 Naples, FL
Zip / Country 24 33999 / 25 Collier	Zip / Country 29 33999 / 30 Collier

4. FEI Number: 65-0041910 ☐ 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

9. Name and Address of Current Registered Agent

~~LURIE, TERRY A.~~
~~98 VINEYARDS BLVD~~
~~NAPLES FL 33999~~

10. Name and Address of New Registered Agent

81 Name: Donna M. More
82 Street Address (P.O. Box Number is Not Acceptable): 98 Vineyards Blvd.
83
84 City: Naples, FL 85 Zip Code: 33999

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: Donna M. More 3-20-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	PROCACCI,MICHAEL J.	1.2 NAME		
STREET ADDRESS	98 VINEYARDS BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP		
TITLE	STD	2.1 TITLE		☐ Change ☐ Addition
NAME	PROCACCI, MARIA	2.2 NAME		
STREET ADDRESS	98 VINEYARDS BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	PROCACCI, JOSEPH G.	3.2 NAME		
STREET ADDRESS	3655 S. LAWRENCE ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-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 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 if changed, or on an attachment with an address.

SIGNATURE: Michael Procacci 3/20/95 813-353-1551
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0332888 CP