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 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M83185** **(2)**

1. Corporation Name
HALLMARK COMMERCIAL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
16634 SADDLE CLUB ROAD FT. LAUDERDALE FL 33326 US	16634 SADDLE CLUB ROAD FT. LAUDERDALE FL 33326 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/31/1988**
3a. Date of Last Report: **04/19/1994**

21 2. Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip / 25 Country

26 2a. Mailing Address: 5901 S.W. 111 ST
27 Suite, Apt. #, etc.
28 City & State: MIAMI FL
29 Zip: 33156 / 30 Country

4. FEI Number: **65-0063614** ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ yes ☐ no

9. Name and Address of Current Registered Agent

ADICKNAS
16634 SADDLE CLUB ROAD
FT. LAUDERDALE FL 33326

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD	1 TITLE	☐ Change ☐ Addition
2 NAME	LEVY, MICHAEL	2 NAME	
3 STREET ADDRESS	16634 SADDLE CLUB ROAD	3 STREET ADDRESS	
4 CITY ST ZIP	FT. LAUDERDALE FL	4 CITY ST ZIP	
1 TITLE	VD	1 TITLE	☐ Change ☐ Addition
2 NAME	FELS, JON	2 NAME	
3 STREET ADDRESS	16634 SADDLE CLUB ROAD	3 STREET ADDRESS	
4 CITY ST ZIP	FT. LAUDERDALE FL	4 CITY ST ZIP	
1 TITLE	SD	1 TITLE	☐ Change ☐ Addition
2 NAME	KLEIMAN, DAN	2 NAME	
3 STREET ADDRESS	16634 SADDLE CLUB ROAD	3 STREET ADDRESS	
4 CITY ST ZIP	FT. LAUDERDALE FL	4 CITY ST ZIP	
1 TITLE	TD	1 TITLE	☐ Change ☐ Addition
2 NAME	ADICKMAN, ROSS	2 NAME	
3 STREET ADDRESS	16634 SADDLE CLUB ROAD	3 STREET ADDRESS	
4 CITY ST ZIP	FT. LAUDERDALE FL	4 CITY ST ZIP	
1 TITLE		1 TITLE	☐ Change ☐ Addition
2 NAME		2 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
1 TITLE		1 TITLE	☐ Change ☐ Addition
2 NAME		2 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	

14. To the best of my knowledge, the information contained herein is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I certify that the information indicated on this report or supplemental 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 with an address.

SIGNATURE: [signature] V.P. 4-28-95 665-8005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0234M CP