

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

FILED

**Apr 23 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 # P39150 (8)

1. Corporation Name:
HAL INDUSTRIES, INC.



Principal Place of Business RT. 1 BOX 780 TRENTON FL 32693	Mailing Address 771 CORPORATE DRIVE SUITE 1000 LEXINGTON KY 40503-5440
--	--

3. Date Incorporated or Qualified 06/05/1992	3a. Date of Last Report 03/06/1996
4. FEI Number 61-1188995	Applied For <input type="checkbox"/> 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	

2. Principal Place of Business 21 450 East Las Olas Blvd. Suite, Apt. #, etc. 22 #1200 City & State 23 Fort Lauderdale FL Zip 24 33301	2a. Mailing Address 26 450 East Las Olas Blvd. Suite, Apt. #, etc. 27 #1200 City & State 28 Fort Lauderdale FL Zip 29 33301	Country 25 Broward	Country 30 Broward
---	--	------------------------------	------------------------------

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BAKER, JACK T	
STREET ADDRESS	771 CORPORATE DR STE 1000	
CITY - ST - ZIP	LEXINGTON KY	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	STRIEBEL, R DOUGLAS	
STREET ADDRESS	771 CORPORATE DR. STE 1000	
CITY - ST - ZIP	LEXINGTON KY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MURRAY, JOHN E	
STREET ADDRESS	1500 NORHT BIG RUN ROAD	
CITY - ST - ZIP	ASHLAND KY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PARK, SARA M	
STREET ADDRESS	771 CORPORATE DR STE 1000	
CITY - ST - ZIP	LEXINGTON KY	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	

SEE ATTACHED LIST

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 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* Secretary **4/3/97** 954-713-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

**HAL INDUSTRIES, INC.
OFFICER & DIRECTOR LIST**

<u>OFFICE</u>	<u>NAME</u>
Director	Harris W. Hudson
President	Harris W. Hudson
Vice Presidents	Richard L. Handley
	R. Douglas Striebel
	Jack T. Baker
	Sara M. Park
	Jim Cosman
	Dan Kilburn
	Anthony Coco
Secretary	Richard L. Handley
Assistant Secretary	Sara M. Park
Treasurer	Courtland Peddy
Assistant Treasurer	Michael Carpenter
	R. Douglas Striebel
	Howard Sills

Business Address: 450 East Las Olas Blvd., Suite 1200
Fort Lauderdale, FL 33301