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 APR 20 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000000356 (4)**

1. Corporation Name
BELT-HALLIDAY MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
1650 S.E. 17 ST. SUITE 310 FORT LAUDERDALE FL 33316	1650 S.E. 17 ST. SUITE 310 FORT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/04/1993**
3a. Date of Last Report: **08/18/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **65-0378156** ☐ 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

WOODS, MARTIN B
150 WEST FLAGLER ST.
2200 MUSEUM TOWER
MIAMI FL 33130

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	11 TITLE	Exec. Vice President, Secretary, Director ☐ Change ☐ Addition
NAME	HALLIDAY, JOHN C III	12 NAME	
STREET ADDRESS	1650 S.E. 17 ST, SUITE 310	13 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	14 CITY-ST-ZIP	
TITLE	~~D~~	21 TITLE	☒ Change ☐ Addition
NAME	~~HALLIDAY, PATRICIA A~~	22 NAME	Delete
STREET ADDRESS	~~1650 S.E. 17 ST, SUITE 310~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~FT LAUDERDALE FL 33316~~	24 CITY-ST-ZIP	
TITLE		31 TITLE	President, Treasurer, Director ☐ Change ☒ Addition
NAME		32 NAME	A.T. Belt III
STREET ADDRESS		33 STREET ADDRESS	1650 S.E. 17 ST, SUITE 310
CITY-ST-ZIP		34 CITY-ST-ZIP	FT LAUDERDALE, FL 33316
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: John C. Halliday III Director 4-17-95 305-767-0700
(SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER) (Date) (Daytime Phone #)
John C. Halliday III

0829410 CP