PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

BELTHALLIDAY MANAGENENT COMPANY

HALLIDAY GROUP REALTY MANAGEMENT, INC.

					I INDIINAL IIE INJON JUJU BATU BAKU	ABIL: ABIL: ABIL: DA	188 MAI STAIR SAN 1881	
Principal Place of	Business	Mailing Address						
1650 S.E. 17 S	<b>ST</b> .	1650 S.E. 17 ST.						
SUITE 310 FORT LAUDERDALE FL 33316		SUITE 310	EL 20242					
		FORT LAUDERDALE	FORT LAUDERDALE FL 33316		3. Date incorporated or Qualified   01/04/1993   04/20/1995			
					4. FEI Number	1	Applied For	
<ol><li>Principal Plac</li></ol>	e of Business	2a, Mailing Address			65-0378156		Not Applicable	
1		Suite, Apt # etc.				<b>\$</b>	8.75 Additional	
Suite, Apt. #,	etc.	27			5. Certificate of Status Desired		Fee Required	
2		City & State			6. Flection Campaign Financing		<b>\$5.00</b> May Be	
City & State		28			Trust Fund Contribution		Added to Fees	
Zio.	Country	Zip	Country		8. This corporation has liability for	ntangible tax u	nder's 199.032,	
Zip 94	25	29	30			□ No		
	9. Name and Address of Current				10. Name and Address of New F	egistered Age	ent	
			81	Name .TO1	HN C. HALLIDAY III			
WACAR	WOODSXMARTIN B				Stroot Artdress (P.O. Box Number is Not Acceptable)			
	tkrlasker st		16		650 SOUTHEAST 17TH STREET			
	SELMATOWER		83	CIT	ITE 310			
MAAKE			84	City			85 Zip Code	
			l -	EO	RT LAUDE RDALE	FL	33316-1735	
11 Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Sta	tutes, the above	named corpo	ration submits this statement for the pu and of directors. Thereby accept the app	rpose of chang iointment as rec	ing its registered offici histered agent. Lam	
or registere	ed agent, or both, in the State of Florid n, and accept the obligations of, Section	la. Such change was autho on 607.0505, Florida∕5tatu	orized by the cor tes.	DOTATION S DOS	ration submits this statement for the pu ard of directors. Thereby accept the app			
	JOHN C. HALLIDAY II		#4 00°	3 July	1	30 APR	IL 1996	
SIGNATURE	Signature, typed or printed paint of oxyldered adjults	are to rear production	(NOTE: Registered Ap	ent sign <del>a yn re</del> duir	ADDITIONS/CHANGES TO OF	DATE HOERS AND D	RECTORS IN 12	
12.	OFFICERS AND		13.	<u> </u>			Change Addition	
TITLE	VPSD	DEC FTE	1 1 TITLE		PTD	-51	-	
NAME	HALLIDAY, JOHN C III		1.2 NAM		HALLIDAY, JOHN C. II	CHILDE 3.	10	
STREET ADDRESS	1650 S.E. 17 ST, SUITE 310			FI ADDRESS	1650 S.E. 17TH ST.,	3331K-1,	735	
CHTY+ST-ZIP	FT LAUDERDALE FL	C Direct	2 1 THE		FORT LAUDERDALE, FL VPSD		Change X Addit on	
TITLE	PTD	<b>∑</b> DELETE			HALLIDAY, PATRICIA A	. –	. —	
NAME	BELT, A.J. I		2.2 NAM		1650 S.E. 17TH ST.,		10	
STREET ADDRESS	1650 SE 17 ST, SUITE 310		i i	ET ADORESS	FORT LAUDERDALE, FL			
CITY-ST-ZIP	FORT LAUDERDALE FL	T DELETE	3 1 Int	- ST - ZIP	FORT THOUSENDANDS ID		Change	
TITLE	İ		3 1 111L					
NAME				EET ADDRESS				
STREET ADDRESS				- SI-ZIP				
CITY-S'-ZIP		DELETE	4 1 1/1				Change Addition	
TITLE			4.2 NAN	1				
NAME				EET ADDRESS				
STREET ADDRESS				(-S1-ZIF				
CITY - ST - ZIP		☐ DELETE	5 1 III				Change 🔲 Addition	
TITLE			5.2 NA					
NAME				EET ADDRESS	1000018	5696	į. L	
STREET ADDRESS				Y - \$T - Z-P	-05/20/9601	100403		
CITY - ST - ZIP		[] DELETE	6 1 11		***200.00		Change Addition	
TITLE			6 2 NA				<del>As</del> B	
NAME				REET ADDRESS			7010	
STREET ADDRESS				Y - ST - ZIP			5-1-7	
CITY - ST - ZIP			6401	11311617	6. for the exemption stated in Section 1	19 07/3)(k). Flor	da Statutes. I further	

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)(k). 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 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 certify 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGN NO OFFICER

30 APRIL 1996 954-767-0800