PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

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

1997 DOCUMENT # **P93000037619 (2)**

HALLIVI	ANI PNO	PERTIES, INC.										
Principa! Place	e of Busines	s	Mailing	Mailing Address					4 18874887 379 HANDE JUST BRITT DESIY BR	H DDIRT HILL	HOUR BINDS HOL	O IÇII IEBI
133 SE 5TH ST., NORTH 133 SE 5TH ST., N BELLE GLADE FL 33430 BELLE GLADE FL 3												
								1	3. Date Incorporated or Qualified 05/24/1993		ate of Last R 01/1996	eport
Latin the state of				a. Mailing Address				4	. FEI Number		Ap	plied For
<u></u>				26					65-0411678			ot Applicable
Suite, Apt.	#, etc.		├ - 1	Suite, Apt #, etc.					5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	è		City & State					Election Campaign Financing		\$5.00		
23			28	28				'	Trust Fund Contribution		Added	
Zip		Country	Z _i p		Co	untry			3. This corporation has liability for	intangible	tax under s	. 199.032,
24	25		[29]			10		L	Florida Statutes Yes No			
		rent Registered	Registered Agent			NIn-nn		0. Name and Address of New Re	gistered i	Agent		
	RTIN, HERE					B1	Name					
	SE 5TH S LE GLADE		82 Street A			Street Ad	ddress	(P.O. Box Number is Not Acceptal	ole)			
						83						
						84	City		· · · · · · · · · · · · · · · · · · ·	FL	85 Zip (Code
11 Pursuant	to the provis	ions of Sections 607 0	502 and 607 150)8 Florida Stati	ites the a	above	e-named co	ornorati	ion submits this statement for the		changing it	s registered
I office or r	edistered at	gent, or both, in the Strith, and accept the ob-	ate of Florida. Su	ich change was	authoriz€	ed by	the carpa	ration's	board of directors. I hereby acce	pt the app	ointment as	registered
}	eri (girillica) w	mi, and accept the ob	ilgaliona di, deci	1011 007.0303, 1	iorida Sip	alutos	, .					j
SIGNATURE	Signature Typer	For printed harne of registered	agent and title if applic	able (NC	TE: Registere	ed Age	nt signature rec	quired wh	en reinstating)	DATE		
12.		OFFICERS /	AND DIRECTORS		13.				ADDITIONS/CHANGES TO OFFI	CERS AND		RS IN 12
TITLE	D	UEDDERT I		DELETE	•	TITLE					Change	Addition
NAME		HERBERT J			•	MAME	}					}
STREET ADDRESS		5TH ST., NORTH			•		ADDRESS					}
CITY-SI ZIP	D DELLE	BLADE FL 33430		DELETE		CITY-S	T-ZIP				T 1 Change	- Taddison
THE	, -	, BETTE A		L DECEIE	•	ITLE	1				L Change	☐ Addition
NAME Name ()		5TH ST., NORTH			•	NAME	LUBBERG					}
STREEL ADDRESS		SLADE FL 33430			1	_	ADDRESS					İ
CITY-ST-ZIF TITLE				DELETE		CITY - S TITLE	SI-ZIP				Change	Addition
NAME					•	NAME	1					
STREET ADDRESS	ĺ						ADDRESS					ĺ
CHY-ST-7IP	{				1	CITY-S						-
THTLE				DELETE		TITLE					Change	Addition
NAME					4.2	NAME	}					j
STREET ADORESS					435	STREET	ADDRESS					ļ
CHY+S1_7IP					4.4 (CITY-S	T-ZIP					
TITLE				DELETE	DELETE 5.1 TF						Change	Addition
NAME					5.21	NAME	1					Į
STREET ACIDRESS	Į				535	STREET	ADDRESS					ļ
CHY-S1-74P	}			C Devere		CITY-S	T-ZIP				Tia	
TITLE				DELETE		TITLE	}				Change	Addition
NAME						NAME						
STREET ADORESS	{						ADDRESS					ì
CITY - S1 - ZIF	L				6.4 (CITY - S	T-ZIP					

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 ghanged, or on angeltachment with an address.

NTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 18 1997 8:00am

Secretary of State