PROFIT

CORPORATION ANNUAL REPORT 1999



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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000042022

1. Corporation Name

HALLANDALE THRIFT, INC.

Principal Place of Business

Mailing Address

3149 W HALLANDALE BEACH BLVD

3149 W HALLANDALE BEACH BLVD

FILED Apr 07, 1999 8:00 am Secretary of State 04-07-1999 90113 017 ***150.00



HALLANDALE FL 33009		HALLANDALE FL 33009		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	- -	
					06/14/1993		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21		26			65-0417629		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	I
22		27				Fee Rec	
City & State		City & State			6. Election Campaign Financing	\$5.00	
23		28	Country		Trust Fund Contribution	Added to	rees
Zip	Country	Zip 30	¬ ´		8. This corporation owes the current year Intangible Personal Property Tax. Yes No		
24	9. Name and Address of Current	1-1-1	''		10. Name and Address of New Registered Ag		
	9. Name and Address of Current	Kegistelen Ağolit	81	Name	10. 10.10	,	
LITTLE, ILEEN			_	-	And the Control of th		
3141	W HALLANDALE BCH BLVD		82 Street Add		Address (P.O. Box Number is Not Acceptable)		
HALL	ANDALE FL 33009		83				
					•	t c	
			84	City	FL.	85 Zip C	ode
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named	corporation submits this statement for the purpose of ch	nanging 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.							
_	in familiar with, and accept the congent	51.5 61, 6664.611 661.0666, 11.511-1					t
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature r	equired when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	DPV ·	☐ DELETÉ	1.1 TITLE			Change.	Addition
TITLE NAME	DPV . LITTLE, ILEEN	L.J DELETE	1 2 NAME		C-CUCAL I LITTER	_ •	Addition \
		L.J DELETÉ	1 2 NAME	TADDRESS	STEPHEN L. WILEY BILLI W. HAUNDDALE BEACH P	_ •	Addition
NAME	LITTLE, ILEEN		1 2 NAME	TADDRESS	STEPHEN L. WILEY 3141 W. HAUANDALE BEACH B HAUANDALE FL. 33009	swp.	_
NAME STREET ADDRESS	LITTLE, ILEEN 9843 NW 6TH PL	U DELETE	1.2 NAME 1.3 STREE	TADDRESS	STEPHEN L. WILEY 3141 W. HAUANDALE BEACH B HAUANDALE FL. 33009	_ •	Addition
NAME STREET ADDRESS CITY-ST-ZIP	LITTLE, ILEEN 9843 NW 6TH PL PLANTATION FL		1.2 NAME 1.3 STREE 1.4 CITY-S	TADDRESS	STEPHEN L. WILEY 3141 W. HAUANDALE BEACH B HAUANDALE FL. 33009	swp.	_
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	LITTLE, ILEEN 9843 NW 6TH PL PLANTATION FL DP DOUGLAS, MARC	☐ DELETE	1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	T ADDRESS T-ZIP T ADDRESS	STEPHEN L. WIZEY 3141 W. HAUNDALE BEACH P HAUNDALE FL. 33009	Change	Addition
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14. I 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 trissee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplemental annual report officer or director of the corporation or the receiver or disease. Block 12 or Block 13 if changed, or on an attachment with an

SIGNATURE:

CITY-ST-ZIP