FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCU 1. Corporatio	MENT # P9300	00056268 (4)		
HALIFA	X MANAGEMENT COMPA	NY		I ISANTAN NA MAMARUNI BANK AN	
Principal Place of Business Mailing Address		Mailing Address			I ERIM OFIDI ONIO OMBO HOID OUD HEILIGH
1113 DUNBAR AVE SUITE 302 TAMPA FL 33609		1113 DUNBAR AVE SUITE 302 TAMPA FL 33609			
US		US		 Date Incorporated or Qualified 08/06/1993 	3a. Date of Last Report 06/14/1995
	face of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3245685	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		Orty & State		& Mosting Congression Function	Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	9. Name and Address of Curre	29	30		s 🗆 No
	9. Name and Address of Curre	ent Registered Agent	81 Nar	10. Name and Address of New	Registered Agent
SESSUM	IS, T. TERRELL				
1116 DUNBAR AVE			62 Stre	et Address (P.O. Box Number is Not Accepta	ble)
SUITE 30			83		
TAMPA FL 33609			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607 1508. Florida Statut	es tije above nanvo	corporation submits this statement for the pu	FL G E G G G G G G G G
or register familiar wi	red agent, or both, in the State of Flo th, and accept the obligations of, Sec	rida. Such change was authorized	red by the corporation	t corporation submits this statement for the pun's board of directors. Thereby accept the app	irpose of changing its registered office pointment as registered agent. Larn
SIGNATURE			,		
	Signature typed or product our confragetured agent and bour application (INCL) OFFICERS AND DIRECTORS			re required wher rendancy	SIAT!
12.	DP OFFICERS AF	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	ICERS AND DIRECTORS IN 12
NAME	SESSUMS, T. TERRELL		1.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	1113 DUNBAR AVE		1.3 STREET ADDRES	ss	
CITY-ST-ZIP	TAMPA FL		1 4 CITY - S1 - ZIP		
TITLE	DV	DELETE	2 1 TITLE		Change Addition
NAME	SESSUMS, RICHARD H.		2.2 NAME		
STREET ADDRESS	1113 DUNBAR AVE		2.3 STREET ADDRES	SS	
CITY-ST-ZIP	TAMPA FL DST		24 CITY - ST - ZIP		
TITLE NAME	SESSUMS, NEVA S.	DELETE	3 + THILE		☐ Change ☐ Addition
STREET ADDRESS	1113 DUNBAR AVE		3 2 NAME		
CrTY - ST - 7:P	TAMPA FL		3.3 STREET ADDRE	55	
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		C only ige C Addition
STREET ADDRESS			4 3 STREET ADDRES	s	
CITY - \$1 - ZIP			4 4 CITY - \$1 - ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRES	s	
CITY-ST-ZIP TITLE		DELETE	5 4 CITY - ST - ZIP	<u> </u>	
NAME			6 1 TITLE		Change Addition
STREET ADDRESS			6 2 NAME	6	
CITY ST-ZIP			6.3 STREET ADDRES	s	
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96 (813)273-4200