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
FILED

DOCUMENT # **P93000066091 (8)**

1. Corporation Name

HALLMARK HOSPITALITY, INC.

Principal Place of Business	Mailing Address
4707 140TH AVE. NORTH STE. 105 CLEARWATER FL 34622	4707 140TH AVE. NORTH STE. 105 CLEARWATER FL 34622

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 09/22/1993	3a. Date of Last Report: 05/11/1994
21 4732 N DALE MABRY	26 4732 N DALE MABRY	4. FEI Number: 59-3204138	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 TAMPA, FLORIDA	City & State 28 TAMPA, FLORIDA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33614 / County 25	Zip 29 33614 / County 30	8. ... Florida Statutes [X] Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ENGELHARDT, DANIEL A. 4707 140TH AVENUE SOUTH 105 CLEARWATER FL 34622	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 4732 N DALE MABRY 83 84 City: TAMPA FL 85 Zip Code: 33614

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	[X] Change ☐ Addition
NAME	ENGELHARDT DANIEL A.	1 NAME	
STREET ADDRESS	4707 140TH AVE. NORTH STE 105	1 STREET ADDRESS	4732 N DALE MABRY
CITY-ST-ZIP	CLEARWATER FL 34622	1 CITY-ST-ZIP	TAMPA, FLORIDA 33614
TITLE	VPST	2 TITLE	[X] Change ☐ Addition
NAME	ENGLEHARDT STEVEN E.	2 NAME	
STREET ADDRESS	4707 140TH AVE. NORTH STE., 105	2 STREET ADDRESS	4732 N DALE MABRY
CITY-ST-ZIP	CLEARWATER FL 34622	2 CITY-ST-ZIP	TAMPA, FLORIDA 33614
TITLE	VP	3 TITLE	DELETE [X] Change ☐ Addition
NAME	TEETZ JEFFERY	3 NAME	DELETE
STREET ADDRESS	4707 140TH AVE. NORTH STE.,105	3 STREET ADDRESS	DELETE
CITY-ST-ZIP	CLEARWATER FL 34622	3 CITY-ST-ZIP	DELETE
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is accurately 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: [signature] 4-27-95 (813) 977-6061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0350500 CP