

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000066091 (8)

1. Corporation Name

HALLMARK HOSPITALITY, INC.



Principal Place of Business: 4732 N DALE MABRY STE. 105 TAMPA FL 33614 US
Mailing Address: 4732 N DALE MABRY STE. 105 TAMPA FL 33614 US

3. Date Incorporated or Qualified: 09/22/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26
22 Suite, Apt. #, etc.: 27
23 City & State: 28
24 Zip: 25 Country: 29

4. FEI Number: 59-3204138
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes [X] No []

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENGELHARDT, DANIEL A.
4732 N DALE MABRY
TAMPA FL 33614

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 207, 2502 and 2115.08, 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, the Florida Statutes.

SIGNATURE: [Signature] DATE: 1/31/96

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	ENGELHARDT DANIEL A.	
STREET ADDRESS	4732 N DALE MABRY	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPST	DELETE
NAME	ENGELHARDT STEVEN E.	
STREET ADDRESS	4732 N DALE MABRY	
CITY-ST-ZIP	TAMPA FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	Change	Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
2 TITLE	Change	Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
3 TITLE	Change	Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
4 TITLE	Change	Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
5 TITLE	Change	Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
6 TITLE	Change	Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 supplement to 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 for the register 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] DATE: 1/31/96

CR2E034 (12/95)