

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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000004186 (0) 1. Corporation Name HALLMARK BUSINESS CONSULTANTS INCORPORATED					
Principal Place of Business 416 SE BALBOA AVE SUITE #3 STUART FL 34994 US			Mailing Address 2273 NW 22ND AVE. #104 STUART FL 34994		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21			2a. Mailing Address 26 2104 NW 22nd Ave		3. Date Incorporated or Qualified 01/19/1994
Suite, Apt. #, etc. 22			Suite, Apt. #, etc. 27 118		4. FEI Number 65-0461737
City & State 23			City & State 28 Stuart FL		Applied For Not Applicable
Zip 24			Zip 29 34994		5. Certificate of Status Desired X \$8.75 Additional Fee Required
Country 25			Country 30 Martin		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent HALL, LAUREN 2273 N.W. 22ND AVE. STUART FL 34994			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2104 NW 22nd Ave #118 83 84 City Stuart FL 85 Zip Code 34994		
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 <u>Lauren A. Hall</u> LAUREN A. Hall DATE 1-21-98 (NOTE: Registered Agent signature required when reinstalling)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					
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 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: <u>Lauren A. Hall</u> 1-21-98					

CR2E034 (10/97)