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Jan 28, 1999 8:00am

Secretary of State

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400004186

1. Corporation Name

Principal Place of Business

HALLMARK BUSINESS CONSULTANTS INCORPORATED

416 SE BALBO	DA AVE			34 NW 22ND AVE							
SUITE #3 STUART FL 34994				118 STUART FL 34994				DO I	NOT WRITE IN THIS	SISPACE	•
US			US					3. Date Incorporated or Qualifed			
(İ	, , , , , ,					01/19/1994	Quality 0		
2. Principal P	Place of Business	ı	2a.	Mailing Address				4. FEI Number		11	Applied For
21			26					65-0461737	-	— -	Not Applicable
Suite, Apt.	. #, etc.	•	120,	Suite, Apt. #, etc).	,		1			Additional
22			27	, , ,				5. Certifcate of Status E	Desired X		Required
City & Stat	te			City & State				6. Election Campaign F	inancing	\$5.0	0 May Be
23			28	-				Trust Fund Contribut	*	•	of to Fees
Zip	C	ountry		Zip	(Country		8. This corporation owe			
24	25		29		30			Personal Property Ta		Yes	□No
	9. Name and A							10. Name and Address	of New Registered	Agent	
			, S _a th, 34, 10	th tracks		81	Name				
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						84	City	•	FI	85 Zij	p Code
11. Pursuant	to the provisions of	Sections 607.	0502 and 60	07.1508, Florida 9	Statutes, the	e above	-named cor	poration submits this stateme	nt for the purpose of	f changing i	its registered
office or r	registered agent, or am familiar with, and	both, in the St	ate of Florid	la. Such change v	vas authori:	ized by 1	the corporat	ion's board of directors. I here	eby accept the appo	intment as	registered
100	an rammar topin, and	accept the ob	ingulions of,		3, 1 lolida 0	Jiaiaios.		+#			
SIGNATURE	Signature, typed or printe	d name of registered	agent and title it	f applicable.	(NOTE: Registe	tered Agent	t signature requir	ed when reinstating)	DATE		
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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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP: . . .