FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

5-1-95 B6293C

APPROVED AND FILED

95 MAY -1 PM 1:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000087449 (2)

1. HALLMARK MANAGEMENT INC.

Principal Place of Business: 5313 AVENAL DR, LUTZ FL 33549

Mailing Address: 5313 AVENAL DR, LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1994

3a. Date of Last Report:

4. FEI Number: 59-3285355 | Applied For | Not Applicable

2. Principal Place of Business 21 | Suite, Apt. #, etc. 22 | City & State 23 | Zip 24 | Country 25

2a. Mailing Address 26 | Suite, Apt. #, etc. 27 | City & State 28 | Zip 29 | Country 30

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 ☒ No

9. Name and Address of Current Registered Agent

WALKER, SUSAN
5313 AVENAL DR.
LUTZ FL 33549

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARRY FINKEL
STREET ADDRESS	5313 AVENAL DR
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	VP
NAME	WILLIAM B WALKER
STREET ADDRESS	5313 AVENAL DR
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change ☐ Addition
1 NAME	
1 STREET ADDRESS	
1 CITY-ST-ZIP	
2 TITLE	☐ Change ☐ Addition
2 NAME	
2 STREET ADDRESS	
2 CITY-ST-ZIP	
3 TITLE	☐ Change ☐ Addition
3 NAME	
3 STREET ADDRESS	
3 CITY-ST-ZIP	
4 TITLE	☐ Change ☐ Addition
4 NAME	
4 STREET ADDRESS	
4 CITY-ST-ZIP	
5 TITLE	☐ Change ☐ Addition
5 NAME	
5 STREET ADDRESS	
5 CITY-ST-ZIP	
6 TITLE	☐ Change ☐ Addition
6 NAME	
6 STREET ADDRESS	
6 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)(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: Barry Finkel 6/1/95 813-949-1550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

0288282 CP