


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

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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000088083 (8) 1. Corporation Name HALLSTROM PROPERTIES, INC.			
Principal Place of Business 1431 BAYSHORE DR. FT. PIERCE FL 34949 US		Mailing Address 1431 BAYSHORE DR. FT. PIERCE FL 34949-3038 US	



2. Principal Place of Business 21 1723 SW Old Dixie Hwy.		2a. Mailing Address 26 1723 SW Old Dixie Hwy.		3. Date Incorporated or Qualified 12/06/1994		3a. Date of Last Report 05/01/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 65-0546921		Applied For Not Applicable	
23 City & State Vero Beach, Florida		28 City & State Vero Beach, Florida		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip 32962		25 Country USA		29 Zip 32962		30 Country USA	
26		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent HALLSTROM, SUZANNE W 1431 BAYSHORE DR. FT. PIERCE FL 34949				10. Name and Address of New Registered Agent			
				81 Name Tish E. Hudgens			
				82 Street Address (P.O. Box Number is Not Acceptable) 1723 SW Old Dixie Hwy.			
				83			
				84 City Vero Beach FL 85 Zip Code 32962			

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: *Tish E. Hudgens*, **TISH E. HUDGENS, DS** DATE: **4/17/1997**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE NAME DP STREET ADDRESS HALLSTROM, RUTH CITY-ST-ZIP 1431 BAYSHORE DR. FT PIERCE FL				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE NAME DVST STREET ADDRESS HALLSTROM, SUZANNE W CITY-ST-ZIP 1431 BAYSHORE DR. FT PIERCE FL				2.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME DVT 2.3 STREET ADDRESS GAIL HALLSTROM FLESCH 2.4 CITY-ST-ZIP 5554 LAKE RIDGE DRIVE BRIGHTON, MI 48146			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME DS 4.3 STREET ADDRESS TISH E. HUDGENS 4.4 CITY-ST-ZIP 1723 SW OLD DIXIE HWY. VERO BEACH, FL 32962			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

14. I do 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 included 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: *Tish E. Hudgens*, **TISH E. HUDGENS** DATE: **4/17/97** (541) **562-3212**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)