

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000021979 (6)**

1. Corporation Name

HALLMARK INVESTMENTS, INC.



Principal Place of Business

Mailing Address

**2865 EXECUTIVE DRIVE
CLEARWATER FL 34622**

**2865 EXECUTIVE DRIVE
CLEARWATER FL 34622**

3. Date Incorporated or Qualified 03/17/1995	3a. Date of Last Report
4. FEI Number 59-3311394	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICE, MARTIN E
696 FIRST AVENUE NORTH, SUITE 400
ST. PETERSBURG FL 33701**

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 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

Signature of the current registered agent (if applicable) (Delete if not applicable) (Delete if not applicable) (Delete if not applicable)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	VP
NAME	MITCHELL, BRUCE	1.2 NAME	
STREET ADDRESS	2865 EXECUTIVE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34622	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	D, P
NAME		2.2 NAME	RISSEE, P. N. III
STREET ADDRESS		2.3 STREET ADDRESS	2865 EXECUTIVE DRIVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CLEARWATER, FL 34622
TITLE		3.1 TITLE	S
NAME		3.2 NAME	COPPERWHEAT, JACQUELYN M.
STREET ADDRESS		3.3 STREET ADDRESS	2865 EXECUTIVE DRIVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CLEARWATER, FL 34622
TITLE		4.1 TITLE	VP
NAME		4.2 NAME	KATCHUK, KERRY
STREET ADDRESS		4.3 STREET ADDRESS	2865 EXECUTIVE DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CLEARWATER, FL 34622
TITLE		5.1 TITLE	T
NAME		5.2 NAME	CURRAN, JOHN
STREET ADDRESS		5.3 STREET ADDRESS	2865 EXECUTIVE DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CLEARWATER, FL 34622
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: *Jacquelyn M. Copperwheat* **JACQUELYN M. COPPERWHEAT**

Date: **4/22/96** (813) 573-4000

CR2E034 (12/95)