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

PROFIT CORPORATION ANNUAL REPORT



FLORIZA DEPARTMENT OF STATE Sanora B. Mortham Secretary of State, DIVISION &F CORF SRATIONS

1996

P95000033484 (3)

DOCUMENT #
1. Corporation Name THE HAL CORPORATION

2520 CW ADMELLINE AVENUE

Principal Place of Business

Maling Address

3538 SW ARMELLINI AVENUE



PALM CITY F	L 34990	PALM CITY FL 34990					
					Date Incorporated or Qualified 3a 04/28/1995	. Date of Last Re	port
_	ace of Business	2a. Mailing Address			4. FEI Number 45-0578554	L1	pplied For lot Applicable
1	# _A_	Suite, Apt. #, etc				\$8.75	Additional
Suite, Apt. #	#, etc.	27			5. Certificate of Status Desired	-	equired
City & State	a	City & State			6. Election Campaign Financing	\$5.00	May Be
3	•	28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for intan-		199.032,
il i	25	29	30		Florida Statutes Yes		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Regis	terea Agent	
				81 Name			
LEES, JANET A				82 Street Address (P.O. Box Number is Not Acceptable)			
.3538 SW ARMELLINI AVENUE							
PALM C	OTY FL 34990			83			
				84 City		85 Zıç	Code
•					ration submits this statement for the purpose	FL "	
SIGNATURE	ith, and accept the obligations of, Se Signature bycolor materitate of regeleral ap-			Agent sugnitions receive	of when recolating)	ĎATÝ	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	111	IILF		☐ Change	Addition
NAME		377 SW 48Th 1	PU 12 N	AME			
STREET ADDRESS	POST OFFICE BOX 1129		135	TACET ADDRESS			
CITY - ST - ZIP	PALM CITY FL 34990	3499	Ø 🛮 140	11.Y - \$1 - ZIP			
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VA <u>M</u> E							
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Loo nereby certify that the information supplied with this riling is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes. If turther 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 trube 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR