## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

DIVISION OF CORPORATIONS

1	MENT # P95000 Y HALL FOR HIRE, INC.	0054015 (9)			
Principal Plac	e of Business	Mailing Address		1 16011007 1/9 (0/8) 6/11 9011 9011 0014 00	## <b>                                    </b>
515 CONGRESS AVENUE SUITE 1200 AUSTIN TX 78701 US		515 CONGRESS AVENUE SUITE 1200 AUSTIN TX 78701 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified O7/13/1995  07/13/1995  04/29/1996	
2. Principal F	Place of Business	28. Mailing Address		4. FEI Number	04/29/1996 Applied For
21		26		65-0593302	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CO 75
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	·	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	
24	25	29	30	Personal Property Tax due June	
	9, Name and Address of Curren	it Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
HART, THOMAS B ESQ. 1625 HENDRY STREET SUITE 301 FORT MYERS FL 33901			82 Street Ad 83	ldress (P.O. Box Number is Not Acceptat	
	•	·	84 City		FL 85 Zip Code
11. Pursuant office or agent. La	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flo	authorized by the corpor orida Statutes.	orporation submits this statement for the praction's board of directors. I hereby accept	uroppo of phonoing its registered
	Signature, typed or printed name of registered age	·——-···	F Registered Agent signature reg		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D DECON	L_ DELETE	1.1 TITLE		Change Addition
NAME	WILSON, GREGORY 515 CONGRESS AVENUE, SUITE 1200		1.2 NAME		
STREET ADDRESS	AUSTIN TX 78701	HE 1200	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D NOSTIN IN TOTAL	₩ DELFTE	1.4 CITY-ST-ZIP		Otana District
NAME	•	(v) present	2.1 TITLE		Change Addition
STREET ADORESS			2.2 NAME		
CITY-ST-ZIP	AUSTIN TX 78701	116 1200	2.3 STREET ADDRESS		• .
TITLE	Torres o	DELETE	2.4 CITY - ST - ZIP 31 TITLE		Change Addition
NAME	ORTON, JOHN		3.2 NAME		
STREET ADDRESS	515 CONGRESS AVE SUTIE 1	200	3.3 STREET ADDRESS		
CITY-ST-ZIP	AUSTIN TX		3.4. CITY-ST-ZIP		
TITLE		DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-S1-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	- 1844 - " J	*	6.2 NAME		_ • _ •
STREET ADDRESS	7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	,	6 3 STREET ADDRESS		-
CITY-ST-ZIP			64 City-St-7IP		

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 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 or an attachment with an address.

SIGNATURE:

**FILED** 

Sep 23 1997 8:00am

Secretary of State