

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

**FILED**

**May 11 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # P95000088727 (9)**

1. Corporation Name  
**HALLSWORTH ENTERPRISES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**4980 LAGUNA VISTA DR. MELBOURNE FL 32934**

3. Date Incorporated or Qualified  
**11/17/1995**

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

4. FEI Number Applied For  
**59-3353333** Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**HALLSWORTH, MARK E  
4980 LAGUNA VISTA DR.  
MELBOURNE FL 32934**

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 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, typed or printed name of registered agent and the FEI number, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13.
TITLE	<b>D</b> <input type="checkbox"/> DELETE	11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALLSWORTH, MARK E</b>	12. NAME
STREET ADDRESS	<b>4980 LAGUNA VISTA DR.</b>	13. STREET ADDRESS
CITY-ST-ZIP	<b>MELBOURNE FL 32934</b>	14. CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME
STREET ADDRESS		23. STREET ADDRESS
CITY-ST-ZIP		24. CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME
STREET ADDRESS		33. STREET ADDRESS
CITY-ST-ZIP		34. CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME
STREET ADDRESS		43. STREET ADDRESS
CITY-ST-ZIP		44. CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME
STREET ADDRESS		53. STREET ADDRESS
CITY-ST-ZIP		54. CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME
STREET ADDRESS		63. STREET ADDRESS
CITY-ST-ZIP		64. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

14. I 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 on an attachment with an address.

CF2E034 (10/97)