


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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90036 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000005586

1. Corporation Name
HALLMARK INSURANCE SERVICES, INC.



Principal Place of Business 1020 E LAFAYETTE ST #204 205 TALLAHASSEE FL 32301	Mailing Address 1020 E LAFAYETTE ST #204 205 TALLAHASSEE FL 32301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1020 E LAFAYETTE ST. Suite, Apt. #, etc. SUITE #205 City & State TALLAHASSEE FL Zip 32301 Country LEON		2a. Mailing Address 26 1020 E LAFAYETTE ST. Suite, Apt. #, etc. SUITE #205 City & State TALLAHASSEE, FL Zip 32301 Country LEON		3. Date Incorporated or Qualified 01/18/1996	
4. FEI Number 59-3358261		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		7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent HALLMARK, CLARENCE E II 1020 E LAFAYETTE ST #204 205 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P HALLMARK, CLARENCE E II	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLMARK, CLARENCE E II	1.2 NAME	
STREET ADDRESS	1020 E LAFAYETTE ST #204	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	1.4 CITY-ST-ZIP	
TITLE	T HALLMARK, ELIZABETH N	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLMARK, ELIZABETH N	2.2 NAME	
STREET ADDRESS	1020 E LAFAYETTE ST #204	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99 (850) 942-1286
Date Daytime Phone #

CR2E034 (11/98)