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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600035063 (2) HALLANDALE MARKET, INC.

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Principal Place of Business Mailing Address 8163 HALLANDALE BEACH BOULEVARD 3163 HALLANDALE BEACH BO HALLANDALE FL 33009 HALLANDALE FL 33009-5121							ARD							
: '									3. Date Incorporated or Qualified 3a. Date of Last Report 04/15/1996					
2.	. Principal Place of Business				2a. Mailing Address				4. FEI Number		Ap	plied For		
21					26				65-065998	2	No	t Applicable		
Ļ	Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired	7	\$8.75 A			
22	City & State				(27)						Fee Re	·		
-	City & State				City & State				6. Election Campaign Financing	r	\$5.00			
23	Žip	······································			Zip Country			· ·-·			Added t			
24	Z.P	25 29			30	a a a		8. This corporation has liability for interior Florida Statutes	arigible ta Yes 🔀		199.032,			
24]		9. Name and Address of Current Registered A		ed Agent				10. Name and Address of New Regis						
-	CHA	HINE, TAR		7			81	Name						
			ALE BEACH BOULE	/ARD			82							
;		LANDALE I						Street	Address (P.O. Box Number is Not Acceptable)		İ		
,							83	****						
								6.6		-	nel 2. /			
:							64	City		FL	85 Zip (2006		
11	Pursuant	to the provis	sions of Sections 607.0	02 and 607.	1508, Florida Statu	ites, the a	pove	-named	corporation submits this statement for the pur	pose of c	hanging its	registered		
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 notice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.											registoreu			
SI	GNATURE													
12		Signature, lyped	1 or printed name of registered a OFFICERS A			DIE Hugistere	d Agr.	et signature	required which roinstaling) ADDITIONS/CHANGES TO OFFICE	DATE DO AND D	NOCATOR	CINIAO		
TIT		0	OFFICENSA	IND DINE OTC	DETETE	111	TLF		ADDITIONS/CHAINGES TO OFFICE		Change	Addition		
NAME		CHAHINE, TAREK			1.2 NA					L.	_ Critarige			
STREET ADDRESS		3163 HALLANDALE BEACH BOULEVARD						ADDRESS						
CITY-ST-ZIP		HALLAND	DALE FL 33009				I - ZIP)			
TITLE					DELETÉ 2.11						Change	Addition		
NAME]			221		2.2 NAME							
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CITY-ST-ZIP		<u> </u>					2. 4 CITY-ST-ZIP							
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STI	EET ADDRESS					6.3 S	REET	ADDRESS				İ		
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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 eath, 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 13 if changed, or on an attachment with an address.

FILED

May 14 1997 8:00am

Secretary of State