SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000058972

HALE AND ARTY, INC.

FILED Sep 23, 1999 8:00 am Secretary of State

09-23-1999 90008 037 ***150.00



| Principal Place of Business Mailing Address | | | | | E |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 5327 DENSAW RD. 5327 DENSAW RD. | | | | | |
| NORTH PORT FL 34287 | | NORTH PORT FL 34287 | | DO NOT WRITE IN THIS SPACE | |
| | | | | 3. Date Incorporated or Qualified | TIIS SI ACE |
| | | | | 07/03/1997 | |
| 2. Principal Place of Business | | 2a. Mailing Address | > 0 | 4. FEI Number | Applied For |
| 21 | | 26 PO BOX 33 19 | | 65-0770378 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | • | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | <u> </u> | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 22105070 | $\overline{}$ | Trust Fund Contribution | Added to Fees |
| Zip | Country | | Country | 8. This corporation owes the current year | ar □ Yes □ No |
| 24 | 25 | 29 39 3 30 3 | M Compelo | Intangible Personal Property. 10. Name and Address of New Register | |
| 9. Name and Address of Current Registered Agent 81 Name | | | | IV. Name and Address of New August | 100 Agoni |
| HALE, MORRIS A JR | | | | | |
| | 7 DENSAW RD. | | 82 Street Add | ess (P.O. Box Number is Not Acceptable) | |
| NOF | RTH PORT FL 34287 | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| | | | | | FE 1-4 Miles Control |
| 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 | | | | | |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICER | S AND DIRECTORS IN 12 |
| TITLE | VP | DELETÉ | 1.1 TITLE . | | Change Addition |
| NAME * | DOCTER, CHRISTENE B | | 1.2 NAME | | |
| STREET ADDRESS | 5327 DENSAW RD | • | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NORTH PORT FL 34287 | | 1.4 CITY-ST-ZIP | · | |
| TITLE # | S Hale, anna linda | DELETE | 2.1 TITLE | | Change Addition |
| NAME | 1847 ECKARD AVE | | 2.2 NAME | | |
| STREET ADDRESS | -ABINGTON-PA-19001- | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ABINGTON TA-13001 | Designe | 2.4 CITY-ST-ZIP 3.1 TITLE | | Change Addition |
| TITLE | | DELETE | 3.2 NAME | | C Change C Addition |
| NAME STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4.2 NAME | | v — |
| 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 ADDRESS | | | 5 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |
| 14. I hereby co | ertity that the information supplied wi | tn this filing does not qualify for the all annual report is true and accurate | exemption stated in sec e and that my signature | ction 119.07(3)(i), Florida Statutes. I further ce e shall have the same legal effect as if made Guised by Chapter 607, Florida Statutes; and | under oath; that I am |

in Block 12 or Block 13 if changed, or or an

SIGNATURE:

619293-90008-37 P97000058972

GEORGE V. FAMIGLIO, JR. & ASSOCIATES PO BOX 3319 SARASOTA, FL 34230 (941) 957-0775 (941) 957-0778 FAX

September 12, 1999

Florida Department of State Division of Corporations Annual Reports Filing PO Box 6327 Tallahassee, FL 32314

RE:

Hale & Arty, Inc.

DOCUMENT#:

P97000058972

To Whom It May Concern:

Please find enclosed the completed 1999 Annual Report and a check for the filing fee. The above client did file the report on time but the check has not cleared the bank at this time. Please abate all penalties with the late filing because this is the first time this client has ever had any problems with the State of Florida not receiving his paperwork or check.

Thank you for your immediate attention to the above matter. If you have any questions or concerns, please feel free to call our office.

Sincerely.

Lucie Przybylowicz Administrative Assistant

cc:file