

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000005716		
1. Corporation Name Hall & Carlisle Industries, Inc.		

Principal Place of Business 5250 SW 62nd Ave Miami, FL 33155 US	Mailing Address 5250 SW 62nd Ave Miami, FL 33155 US
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[Handwritten signature]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5250 SW 62nd Ave Suite, Apt. #, etc. 22 City & State 23 Miami 24 Zip 33155 25 Country USA	2a. Mailing Address 26 5250 SW 62nd Ave Suite, Apt. #, etc. 27 City & State 28 Miami 29 Zip 33155 30 Country USA
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3. Date Incorporated or Qualified 01/20/98	4. FEI Number 65-0902592	Applied For 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	
8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No		

9. Name and Address of Current Registered Agent Kenneth P. Hassett, ESQ. 201 Sevilla Avenue, Suite 3202 Coral Gables, FL 33134

10. Name and Address of New Registered Agent 81 Name Jason C. Hall 82 Street Address (P.O. Box Number is Not Acceptable) 83 5250 SW 62nd Ave 84 City Miami 85 Zip Code 33155

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]* DATE 4/9/99

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	P Hall, Jason C.
STREET ADDRESS	5250 SW 62nd Ave
CITY-ST-ZIP	Miami, FL 33155
TITLE	☐ DELETE
NAME	CFO
STREET ADDRESS	Carlisle, Christopher A.
CITY-ST-ZIP	6000 California Circle, Suite 215
CITY-ST-ZIP	Rockville, MD 20852
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	CS
1.3 STREET ADDRESS	Hall, Cecile A.
1.4 CITY-ST-ZIP	5250 62nd Ave
1.4 CITY-ST-ZIP	Miami, FL 33155
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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****150.00 ****150.00

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] JASON HALL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99

Daytime Phone #