PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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HALO CORPORATION		•					
Principal Place of Business Mailing Address 5680 NW 40TH TERRACE 5680 NW 40TH TERRACE COCONUT CREEK FL 33073 COCONUT CREEK FL 33073				I MONERON AND SOME AGUE ORAN QU	III ar iii ra ii a i	all il er ik en ti	COLO COLO C OLO
•				DO NOT WRI	TE IN THIS	SPACE	
	·			3. Date incorporated or Qualifed 03/05/1998			ļ
2. Principal Place of Business	2a. Mailing Address	F -		4. FEI Number 08270	.19	<u> </u>	lied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.					\$8.75 A	Applicable dditional
	27			5. Certificate of Status Desired		Fee Rec	uired
City & State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 M Added to	
Zip Country	Zip	Country		8. This corporation owes the cur	rent year Inta	angiale	□No
9 Name and Address of Curre	29 30	<u> </u>		Personal Property Tax. 10. Name and Address of New	Registered /		LINO
	ur traffiorotan whater	81	Name	14' Hours alies Langes of Idea.		-9-11-	
WARREN, AMY 5680 NW 40TH TERRACE		82 S		ress (P.O. Box Number is Not Accept	able)		
COCONUT CREEK FL 33073		83	}				
• • • •		84	City		FI	85 Zip C	ode
		nonized by	the corporation	on's board of directors. I hereby acce	ipt the appoil	ntment as reg	jistered
agent. I am familiar with and accept the oblin				poration submits this statement for the ion's board of directors. I hereby access	pt the appoi	o C	pistered
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SIGNATURE Months typed or printed name of registrous at 12. OF FICERS TITLE President	port and title if applicable. (NOTE: Re ND DIRECTORS	13.		ed when reinstalling)	N Y/C	e/0C	RS IN 12
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I nereby verify that the information supplied with single does not qualify for the exemption stated in Section 119.07(3)(i), notice stateles. I turner centry 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 of 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: _

NO OFFICER OR DIRECTOR