Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90143 013 \*\*\*158.75

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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **S33894**

1, Corporation Name

Principal Place of Business

HALVORSEN HOLDINGS, INC.

33 SE 4TH STREET SUITE 100 BOCA RATON FL 33432 US			33 SE 4TH STREET SUITE 100 BOCA RATON FL 33432 US				3.	DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed  02/25/1991						
2. Principal Place	e of Business		2a. Mailing Addr	ess			4.	, FEI Num			-		Арр	lied For
21			26					65-025	62 <u>16</u>				Not	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				s.	Certifcate	of Status I	Desired	<b>X</b> ).			tditional
22			27						· 7 ·	·		Fe	e Req	uired
City & State			City & State				6.		Campaign F	_				May Be
23	<u> </u>		28						nd Contribut			-	ided to	Fees
<u> </u>	Zip Country			Zip Country				8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No						
24 25 9. Name and Address of Current			29 30				- 40		Property T		Registered A		• L	
	9. Name and A	ddress of Current	Registered Agent		81	Nam		, italile al	iu Address	01 14644	Negistered /	your		
HALVO	RSEN JEFERI	FY T			1	}	_							
HALVORSEN, JEFFREY T 33 SE 4TH STREET SUITE 100				82	Stre	Street Address (P.O. Box Number is Not Acceptable)								
				83										
	RATON FL 334	132		00		_							_	
Door.	14,10111200				84	City					FL	85	Zip C	ode
office or regi	istered agent, or familiar with, and	Sections 607.0502 both, in the State of accept the obligation	Florida. Such chan ons of, Section 607.	ige was autho 0505, Florida	orized by Statutes	the co	ed corporation rporation's but the required when	oard of dir	this statemectors. I he	ent for the reby acce	e purpose of ept the appoir	changii ntment	ng its r as reg	egistered istered
Signature, typed or printed name of registered agent and title if app  12. OFFICERS AND DIRECT				(14012140)		it aigi			IS/CHANG	ES TO O	FEICEDS AN	D DIRE	FCTOR	20 131 40
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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 of 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 flan attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS