

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S68615 (1)

1. Corporation Name
HALRP, INC.



Principal Place of Business
**PO BOX 2151
TAMPA FL 33601**

Mailing Address
**PO BOX 2151
TAMPA FL 33601**

3. Date Incorporated or Qualified **07/25/1991** 3a. Date of Last Report **01/18/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-3082079** Applied For Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEY, PAUL D
9600 LEDGER BLVD
203
ST PETERSBURG FL 33702**

81 Name **LEY, PAUL D.**
82 Street Address (P.O. Box Number is Not Acceptable) **9600 KOGER BOULEVARD**
83 **SUITE 203**
84 City **ST. PETERSBURG, FL** 85 Zip Code **33702**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	T	<input type="checkbox"/> DELETE
NAME	AUSTIN, BRUCE D	
STREET ADDRESS	260 BELLEAIR DR NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LEY, PAUL D	
STREET ADDRESS	1107 FLUSHING AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROE, MICHAEL A	
STREET ADDRESS	10406 TARA DR	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PATSKO, JOSEPH T	
STREET ADDRESS	19210 SUNLAKE BLVD	
CITY-ST-ZIP	LUTZ FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AUSTIN, BRUCE D.	
1.3 STREET ADDRESS	260 BELLEAIR DRIVE NE	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LEY, PAUL D.	
2.3 STREET ADDRESS	1107 FLUSHING AVENUE	
2.4 CITY-ST-ZIP	CLEARWATER, FL	
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROE, MICHAEL A.	
3.3 STREET ADDRESS	POST OFFICE BOX 2131	
3.4 CITY-ST-ZIP	TAMPA, FL 33601-2131	
4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PATSKO, JOSEPH T.	
4.3 STREET ADDRESS	POST OFFICE BOX 1882	
4.4 CITY-ST-ZIP	TAMPA, FL 33601-1882	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 agent 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 amendment with an address

SIGNATURE: _____ **JOSEPH T. PATSKO, SECRETARY/DIRECTOR** 2/2/96 (813) 254-2572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)