

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Mothman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **649258** (1)
1. Corporation Name
HALGLENN CORP.



Principal Place of Business
1428 BRICKELL AVE. SUITE 105 MIAMI FL 33131-0494

Mailing Address
1428 BRICKELL AVE. SUITE 105 MIAMI FL 33131-0494

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

3. Date Incorporated or Qualified **12/26/1979**
3a. Date of Last Report **03/16/1995**

4. FEI Number **59-1957314**
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 has liability for intangible tax under s. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**HALPRYN, ERNEST M
1428 BRICKELL AVE #105
MIAMI, FL
33131**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.01(6) and 607.15(8), 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.01(6), Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent of the corporation.

Signature of the person who is the president or secretary of the corporation.

DATE

12. OFFICERS AND DIRECTORS

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HALPRYN, ALISON S	
STREET ADDRESS	1428 BRICKELL AVE #105	
CITY-STATE-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HALPRYN, ERNEST M	
STREET ADDRESS	1428 BRICKELL AVE #105	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HALPRYN, GLENN L.	
STREET ADDRESS	1428 BRICKELL AVE #105	
CITY-STATE-ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KLOEPFER, SALLY S.	
STREET ADDRESS	1428 BRICKELL AVE #105	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-STATE-ZIP	
18 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME	
20 STREET ADDRESS	
21 CITY-STATE-ZIP	
22 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME	
24 STREET ADDRESS	
25 CITY-STATE-ZIP	
26 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME	
28 STREET ADDRESS	
29 CITY-STATE-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 19.07(3)(g), Florida Statutes. I further certify that the information included on this annual report or biennial financial statement report is true and I do so under oath 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 and, for reasons 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.

SIGNATURE: *Ernest M. Halpryn*
ERNEST M. HALPRYN
PRESIDENT

3/19/96 305-371-4112

CR2E034 (12/95)