

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

FILED

**May 14 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 649258 (1)

1. Corporation Name
HALGLEN 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
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Zip

3. Date Incorporated or Qualified 12/26/1979	
4. FEI Number 59-1957314	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due Juris 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPRYN, ALISON S	1.2 NAME	
STREET ADDRESS	1428 BRICKELL AVE #105	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPRYN, ERNEST M	2.2 NAME	
STREET ADDRESS	1428 BRICKELL AVE #105	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	VP/SECRETARY/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPRYN, GLENN L.	3.2 NAME	HALPRYN, GLENN L
STREET ADDRESS	1428 BRICKELL AVE #105	3.3 STREET ADDRESS	1428 BRICKELL AVE #105
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FLORIDA 33131
TITLE	ST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	ELLISA TURTADO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLOEPFER, SALLY S.	4.2 NAME	1428 BRICKELL AVE #105 (AS - TITLE)
STREET ADDRESS	1428 BRICKELL AVE #105	4.3 STREET ADDRESS	MIAMI FLORIDA 33131
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	ASSISTANT SECRETARY
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CP2E034 (10/97)

Signature: _____ Date: 3/2/98