

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 21 11:10:25

DOCUMENT # **G50056** (2)

1. Corporation Name  
**HALLMARK COMMUNITIES CORPORATION**

Principal Place of Business Mailing Address  
P.O. BOX 5117 P.O. BOX 5117  
SARASOTA FL 34277 SARASOTA FL 34277

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>07/12/1983</b>		3a. Date of Last Report <b>05/01/1994</b>	
4. FEI Number <b>59-2313895</b>		Applied For 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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business <b>21 222 Grace Church Street</b>		2a. Mailing Address <b>222 Grace Church St.</b>	
Suite, Apt. #, etc. <b>22 Suite 201</b>		Suite, Apt. #, etc. <b>27 Suite 201</b>	
City & State <b>23 Port Chester, NY</b>		City & State <b>28 Port Chester, NY</b>	
Zip <b>24 10573</b>		Country <b>25</b>	
Zip <b>29 10573</b>		Country <b>30</b>	

9. Name and Address of Current Registered Agent <b>CORPORATION INFORMATION SERVICES, INC. 502 EAST PARK AVENUE TALLAHASSEE FL 32301</b>		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 <b>FL</b>	

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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VAS</b>	NAME <b>BLITMAN, HOWARD</b>	1.1 TITLE <b>DPS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>222 GRACE CHURCH ST #201</b>	CITY-ST-ZIP <b>PT CHESTER NY</b>	1.2 NAME <b>Blitman, Howard</b>	
		1.3 STREET ADDRESS <b>222 Grace Church Street, #201</b>	
		1.4 CITY- ST- ZIP <b>Port Chester, NY 10573</b>	
TITLE <b>P</b>	NAME <b>LOUD, JOHN</b>	2.1 TITLE <b>DELETE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>P.O. BOX 5117 N/A</b>	CITY-ST-ZIP <b>SARASOTA FL 34277</b>	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY- ST- ZIP	
TITLE <b>D</b>	NAME <b>BERNE, ROBERT</b>	3.1 TITLE <b>DVT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1 W 72ND ST.</b>	CITY-ST-ZIP <b>NEW YORK NY 10023</b>	3.2 NAME <b>Berne, Robert</b>	
		3.3 STREET ADDRESS <b>1 West 72nd Street</b>	
		3.4 CITY- ST- ZIP <b>New York, NY 10023</b>	
TITLE <b>S</b>	NAME <b>ROSENTHAL, JANICE</b>	4.1 TITLE <b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>111 WEST 50TH STREET</b>	CITY- ST- ZIP <b>NEW YORK NY</b>	4.2 NAME <b>Rosenthal, Janice</b>	
		4.3 STREET ADDRESS <b>111 West 50th Street</b>	
		4.4 CITY- ST- ZIP <b>New York, NY 10120</b>	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY- ST- ZIP		5.3 STREET ADDRESS	
		5.4 CITY- ST- ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY- ST- ZIP		6.3 STREET ADDRESS	
		6.4 CITY- ST- ZIP	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: **6/15/95** Telephone: **914-937-6300**