

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S38483 (1)**

1. Corporation Name
HALO MANAGEMENT, INC.



Principal Place of Business
**10488 ST. TROPEZ PL
TAMPA FL 33615
US**

Mailing Address
**10488 ST. TROPEZ PL
TAMPA FL 33615
US**

3. Date of Incorporation or Qualified **03/14/1991** 3a. Date of Report **10/09/1995**

2. Principal Place of Business
21 **595 HICKS ROAD**
Suite, Apt. #, etc.
22 **SUITE # 16G**
City & State
23 **NASHVILLE, TN**
Zip
24 **37221** Country
25 **USA**

2a. Mailing Address
26 **595 HICKS ROAD**
Suite, Apt. #, etc.
27 **SUITE # 16G**
City & State
28 **NASHVILLE, TN**
Zip
29 **37221** Country
30 **USA.**

4. FEI Number **59-3077405** 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

**ALLEN, ROBERT G
10498 ST TROPEZ PLACE
TAMPA FL 33615**

10. Name and Address of New Registered Agent

81 Name **ALLEN, ROBERT G**
82 Street Address (P.O. Box Number is Not Acceptable)
3040 GULF TO BAY BLVD
83 **SUITE # 200 A.**
84 City **CLEARWATER** FL 85 Zip Code **34619**

11. Pursuant to the provisions of Sections 607.0507 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 **ROBERT G. ALLEN** DATE **9-15-96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, ROBERT G	
STREET ADDRESS	10488 ST TROPEZ PL	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, LESA L	
STREET ADDRESS	10488 ST TROPEZ PL	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALLEN, ROBERT G	
1.3 STREET ADDRESS	595 HICKS ROAD SUITE # 16G.	
1.4 CITY-ST-ZIP	NASHVILLE, TN 37221	
2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALLEN, LESA L	
2.3 STREET ADDRESS	595 HICKS ROAD, SUITE # 16G.	
2.4 CITY-ST-ZIP	NASHVILLE, TN 37221	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 form 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 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.

SIGNATURE: **ROBERT G. ALLEN** DATE **9-15-96** DAYTIME PHONE # **615 646-0071**

CR2E034 (12/95)