FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -4 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **714057** **(7)**

1. Corporation Name
HOLLYWOOD STAMP CLUB, INC.

Principal Place of Business	Mailing Address
% DR WALTER JACOBUS 1025 SE SECOND AVE. BLDG 1. APT 107 DANIA FL 33004	% DR WALTER JACOBUS 1025 SE SECOND AVE. BLDG 1. APT 107 DANIA FL 33004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/05/1968**
3a. Date of Last Report: **04/20/1994**
4. FEI Number: **23-7128686** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JACOBUS, DR WALTER
1025 SE SECOND AVE
BLDG 1 APT 107
DANIA FL 33004

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 Walter Jacobus 3/7-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	JACOBUS, DR WALTER	1.2 NAME	
STREET ADDRESS	1025 SE 2ND AVE #107	1.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HAAS, DR FRANCIS	2.2 NAME	
STREET ADDRESS	3430 ROYAL PALM AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	WALEND, THOMAS	3.2 NAME	
STREET ADDRESS	6592 N W 16TH CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WELKY, ROBERT	4.2 NAME	
STREET ADDRESS	3050 N E 16AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	YOUNG, KENNETH	5.2 NAME	P DR ALVIN KRASNE
STREET ADDRESS	2200 E HALLANDALE BEACH	5.3 STREET ADDRESS	4801 TAYLOR ST
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	WISHNETSKY, BENJAMIN	6.2 NAME	
STREET ADDRESS	4380 N CASPER COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Walter Jacobus TREAS 3/7/95 305-925-6780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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