

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90370 046 \*\*\*\*61.25

14004555



04122004 Chg-NP CR2E037 (10/03)

4. FEI Number 23-7128686 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # 714057

1. Entity Name  
HOLLYWOOD STAMP CLUB, INC.



Principal Place of Business  
1720 N.E. 79 ST. CAUSEWAY  
SUITE #111  
NORTH BAY VILLAGE, FL 33141-4222

Mailing Address  
6864 NW 26TH TERRACE  
FORT LAUDERDALE, FL 33309

2. Principal Place of Business  
Hollywood Recreation cte  
Suite, Apt. #, etc.  
2030 Polk St

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Hollywood FL

City & State

Zip 33020

Country USA

Zip

Country

6. Name and Address of Current Registered Agent

SOLOMON, NORMAN F  
6864 NW 26 TERRACE  
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name RICHARD S. WARREN  
Street Address (P.O. Box Number is Not Acceptable)  
777 NW 123 DE  
City Coral Springs FL Zip Code 33071

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

|                |                              |                                            |
|----------------|------------------------------|--------------------------------------------|
| TITLE          | T                            | <input checked="" type="checkbox"/> Delete |
| NAME           | KLEINMAN, LOUIS              |                                            |
| STREET ADDRESS | 300 S.W. 134 WAY, APT. #E-20 |                                            |
| CITY-ST-ZIP    | PEMBROKE PINES, FL 33027     |                                            |
| TITLE          | DV                           | <input type="checkbox"/> Delete            |
| NAME           | KACHEL, STEWART              |                                            |
| STREET ADDRESS | 314 MARTH AVE                |                                            |
| CITY-ST-ZIP    | DEERFIELD BEACH, FL 33442    |                                            |
| TITLE          | PD                           | <input checked="" type="checkbox"/> Delete |
| NAME           | MABEE, HARRY                 |                                            |
| STREET ADDRESS | 1599 NE 110 ST               |                                            |
| CITY-ST-ZIP    | MIAMI, FL 33161              |                                            |
| TITLE          | R                            | <input checked="" type="checkbox"/> Delete |
| NAME           | ROBBINS, S. HARRIS           |                                            |
| STREET ADDRESS | 120 HAMMOCKS CTS.            |                                            |
| CITY-ST-ZIP    | WEST PALM BEACH, FL 33413    |                                            |
| TITLE          | FS                           | <input type="checkbox"/> Delete            |
| NAME           | GUSS, MAYNARD                |                                            |
| STREET ADDRESS | 9593 N.W. 26 PLACE           |                                            |
| CITY-ST-ZIP    | SUNRISE, FL 33322738         |                                            |
| TITLE          | COBD                         | <input type="checkbox"/> Delete            |
| NAME           | SHALLENBERGER, KARL          |                                            |
| STREET ADDRESS | 6864 N.W. 26 TERRACE         |                                            |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33309    |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                            |                                                                              |
|----------------|----------------------------|------------------------------------------------------------------------------|
| TITLE          | TREASURER                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | RICHARD S. WARREN          |                                                                              |
| STREET ADDRESS | 777 NW 123 DE              |                                                                              |
| CITY-ST-ZIP    | CORAL SPRINGS FL 33071     |                                                                              |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |                                                                              |
| STREET ADDRESS |                            |                                                                              |
| CITY-ST-ZIP    |                            |                                                                              |
| TITLE          | F. LOUIS WOLF              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 4720 NE 27 AVE             |                                                                              |
| STREET ADDRESS | FLAUNDERDALE FL 33208-4393 |                                                                              |
| CITY-ST-ZIP    |                            |                                                                              |
| TITLE          | H. LISA ROACH              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 10802 PASO FINO DR         |                                                                              |
| STREET ADDRESS | LAKE WORTH FL 33467        |                                                                              |
| CITY-ST-ZIP    |                            |                                                                              |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |                                                                              |
| STREET ADDRESS |                            |                                                                              |
| CITY-ST-ZIP    |                            |                                                                              |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #