

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J80223 (7)**
1. Corporation Name
HOLLYBROOK REALTY, P.A.



Principal Place of Business: **120 NW DOUGLAS RD #C PEMBROKE PINES FL 33024 US**
Mailing Address: **120 NW DOUGLAS RD. #C PEMBROKE PINES FL 33024 US**

3. Date Incorporated or Qualified: **06/29/1987**
3a. Date of Last Report: **01/30/1995**

2. Principal Place of Business: **21 9050 PINES BLVD. #C 450 B PEMBROKE PINES, FL. 33024 U.S.A.**
2a. Mailing Address: **26 9050 PINES BLVD. #C 450 B PEMBROKE PINES, FL. 33024 U.S.A.**

4. FEI Number: **59-2811939**
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:
**SPATZ, LEONARD
120 NW DOUGLAS RD., #A
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent:
81 Name: **SPATZ, LEONARD**
82 Street Address (P.O. Box Number is Not Acceptable): **9050 PINES BLVD. # 450B**
83 City: **PEMBROKE PINES** FL 85 Zip Code: **33024**

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		DELETED
TITLE	PS	<input type="checkbox"/>
NAME	SPATZ, LEONARD	
STREET ADDRESS	120 NW DOUGLAS RD. #C	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	SPATZ, LEONARD		
1.3 STREET ADDRESS	9050 PINES BLVD. # 450B		
1.4 CITY - ST - ZIP	PEMBROKE PINES, FL.		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Leonard Spatz** Date: **4/23/96** Daytime Phone #: **954 431-6600**

CR2E034 (12/95)