

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # M82978 (1)
 1. Corporation Name

HOLLYWOOD HILLS SERVICENTER INC.



Principal Place of Business: **4550 HOLLYWOOD BLVD. HOLLYWOOD FL 33021**
 Mailing Address: **4550 HOLLYWOOD BLVD. HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified: **05/27/1988** 3a. Date of Last Report: **03/28/1995**
 4. FEI Number: **65-0048760** 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. 199.03, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

**MULLIN, THOMAS E.
 1700 NW 113TH AVE.
 PEMBROKE PINES FL 33026**

10. Name and Address of New Registered Agent

81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. State: **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

Signature of and printed name of registered agent and the applicant.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	VD	<input type="checkbox"/>
NAME	RUSCH, MARTIN	
STREET ADDRESS	1400 N.E. 137TH ST.	
CITY - ST - ZIP	N. MIAMI FL 33161	
TITLE	PD	<input type="checkbox"/>
NAME	MULLIN, THOMAS E.	
STREET ADDRESS	1700 N.W. 113TH AVE.	
CITY - ST - ZIP	PEMBROKE PINES FL 33026	
TITLE	SD	<input type="checkbox"/>
NAME	MULLIN, JOYCE	
STREET ADDRESS	1700 N.W. 113TH AVE.	
CITY - ST - ZIP	PEMBROKE PINES FL 33026	
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
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
21 TITLE			
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 if changed, or on an attachment with an address.

SIGNATURE:

Thomas E. Mullin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS E. MULLIN Date: **7/30/96** Signature Photo # **9549879220**

CR2E034 (3/96)