


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N97000002498 (0)  
1. Corporation Name  
HIBERNIANS OF HOLLYWOOD INC.



Principal Place of Business: 5900 JOHNSON ST HOLLYWOOD FL 33021-5638  
Mailing Address: 5900 JOHNSON ST HOLLYWOOD FL 33021-5638

3. Date Incorporated or Qualified: 05/05/1997

4. FEI Number: 65-0752976  
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields including Suite, Apt. #, etc., City & State, Zip, and Country.

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. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
DUNBAR, ROBERT  
5900 JOHNSON ST  
HOLLYWOOD FL 33021-5638

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	P/S/D
NAME	DUNBAR, ROBERT	1.2 NAME	
STREET ADDRESS	3250 HOLLYWOOD BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	D
NAME		2.2 NAME	J. FOLEY
STREET ADDRESS		2.3 STREET ADDRESS	3250 HOLLYWOOD BLVD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE		3.1 TITLE	D
NAME		3.2 NAME	MICHAEL SAFFRON
STREET ADDRESS		3.3 STREET ADDRESS	3250 HOLLYWOOD BLVD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: X Robert Dunbar ROBERT DUNBAR X 2/11/98 (954) 967-4417

CFR2037 (10/97)