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

**PROFIT** CORPORATION ANNUAL REPORT



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

DOCUMENT # V30961 (9)  HOLLYWOOD DISTRIBUTION CENTER, INC.  Principal Place of Business Mailing Address  2075 NE 164TH STREET 2075 NE 164TH STREET					
N. MIAMI BI	EACH FL 33162	N. MIAMI BEACH FL			
				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		04/22/1992	04/11/1995
21		26		4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		65-0383176	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	ė	City & State		6. Election Campaign Financing	\$5.00 May Bo
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for Florida Statutes	intangible tax under s 199.032,
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New I	
			81 Name		
ROGOVIN, LAWRENCE H. LAWRENCE H. ROGOVIN, P.A.			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)	
				The state of the s	,
	VEST DIXIE HIGHWAY, SUITE B		83		
N. MIAN	AI BEACH FL 33160		84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607,0502	and 607.1508. Florida Statut	les the shove named o	Ornoration pulposite this ad-d	
or register familiar wit	ed agent, or both, in the State of Florid th, and accept the obligations of, Section	a. Such change was authorized 607,0505. Elorida Statuto	ged by the corporation's	orporation submits this statement for the pur board of directors. I hereby accept the app	rpose of changing its registered office on the control of the cont
SIGNATURE	and decopt the deligations of, decid	in controlos, Florida Statutes	S.		<b>9</b> · · · · · · · · · · · · · · · · · · ·
	Signature, typed or printed name of registered agont a		DTE: Registered Agent signature i	required when reinstalling)	DATE
TITLE	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
NAME	PSD Osher, Martin	☐ DELETE	1. 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	2075 NE 164TH STREET		1.2 NAME		
CITY - ST - ZIP	N. MIAMI BEACH FL		1.3 STREET ADDRESS		ļ
TITLE	III III OIL OCAOLITE	[ ] DELETE	1.4 CHY-ST-ZIP 2.1 TITLE		
NAME		_	2.2 NAME		☐ Change ☐ Addition C
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - ZIP		
TITLE		☐ DEFELE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		_
STREET ADDRESS			3.3 STREET ADDRESS		
TITLE		☐ DELETE	3.4 CITY - ST - ZIP		
NAME			4.1 TITLE		☐ Change ☐ Addition
STHEET ADDRESS			4.2 NAME		
CITY-ST-7IP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	80000180 -04/30/96010 ***200.00	<u>)</u> 1798
TITLE		☐ DELETE	5 1 TITLE		97041 Addition
NAME			52 NAME	***200.00	Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		j
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6. 1 TITLE		Change Addition
NAME			62 NAME		ー・ハング
STREET ADDRESS			63 STREET ADDRESS		U 5 1 72
CITY-ST-ZIP	certify that the information evention with	LANCE FILE 1	6.4 CITY-ST-ZIP		' 1 11

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305444-3212