

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JUN -9 AM 9:17

**DOCUMENT # N94000004946 (9)**

1. Corporation Name

**THE HOLLYWOOD ECONOMIC GROWTH CORPORATION**

Principal Place of Business

Mailing Address

2021 TYLER ST  
HOLLYWOOD FL 33020

2021 TYLER ST  
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/03/1994

4. FEI Number

65-0527355

Applied For

Not Applicable

5. Certificate of Status Desired

\$0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 County

29 Zip

30 County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHN, ALAN B  
2021 TYLER ST  
HOLLYWOOD FL 33020

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: D  
NAME: FISCHLER, ABRAHAM S  
STREET ADDRESS: 3301 COLLEGE AVE  
CITY - ST - ZIP: FT LAUDERDALE FL 33314

TITLE: D  
NAME: DUNCANSON, HARRY  
STREET ADDRESS: 4000 HOLLYWOOD BLVD  
CITY - ST - ZIP: HOLLYWOOD FL 33021

TITLE: D  
NAME: FINZ, SAMUEL A  
STREET ADDRESS: 2600 HOLLYWOOD BLVD  
CITY - ST - ZIP: HOLLYWOOD FL 33020

TITLE: D  
NAME: MENDELSON, LAURANS A  
STREET ADDRESS: 3000 TAFT ST  
CITY - ST - ZIP: HOLLYWOOD FL 33021

TITLE: D  
NAME: BOEGLI, ROBERT  
STREET ADDRESS: 5400 SHERIDAN ST  
CITY - ST - ZIP: HOLLYWOOD FL 33021

TITLE: D  
NAME: FINCH, ALBERT  
STREET ADDRESS: 4000 HOLLYWOOD BLVD #400N  
CITY - ST - ZIP: HOLLYWOOD FL 33021

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition

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 110.07(3)(a), 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

*Charles D'Arcy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 5/11/95

305-984-6889  
Daytime Phone #