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 #

1. Corporation Name

575239

(9)

HOLLYWOOD GOLF SHOP, INC.

HABELLIANS ASSESSMENT							
Principa! Place 3 H	1251 HOLLYWOOD I IOLLYWOOD FL 3302	21-690 <u>6</u> _)	AME	1 (4514) 2110 10001 4114 11914 (I	110 1911 91611 91811 61 81) 61211 BIŞIL ŞIZII (4 31
New ADDRESS SN'/					3. Date Incorporated or Qualified 3a. Date of Last Report 06/09/1978 07/19/1995		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-1832506	./ 60	Not Applicable 75 Additional
Suite, Apt. #, etc		Suite, Apt. #, etc.	7		5. Certificate of Status Desired	Fee Required	
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 Zip	Country	Zip	Cou	ntry	8. This corporation has liability for	intangible tax unde	ers 199.032,
24	25	29	30		110/100 010111100	□ No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	legistered Agent	
		`		81 Name			
ZWICK, EDWARD F.				82 Street Addr	ess (P.O. Box Number is Not Acceptat	ole)	
438 #	HOLLYWOOD BLVD			83			
MOLL!	YWOOD,FL ABFL 3302♥			84 City		85	Zip Code
					ration submits this statement for the pu	FL	,
familiar wi SIGNATURE.	ith, and accept the obligations of, Ser Sunature, typed or printed name of registered ago	etion 607.0505, Florida Statul	ies.	Agent signature require	d when reinstating	DATE	
12.		OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OF		
TITLE	PS	DELETE 1.1		ITLE		☐ Cha	inge
NAME	SCHAEFFER, JUNE	#251	1.2 N	1			
STREET ADDRESS				TREET ADDRESS			
CITY - ST - ZIP	FIDELITY OF THE PARTY OF THE PA		2 1 7	ITY-ST-ZIP		☐ Cha	inge 🔲 Addition
NAME	001455550 415050		22 N	AME			
	59-5/2006 HOLLYWOOD BLVD.	#351	238	TREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020-4	6906		ITY - ST - ZIP		☐ Cha	ange Addition
TITLE		☐ DELETE	3.11				alge 🔲 X0000011
NAME			3.2 N	STREET ADDRESS			
STREET ADDRESS				STY-ST-ZIP			
CITY-ST-ZIP		DELETE	4.1		· · · · · · · · · · · · · · · · · · ·	Cha	ange 🔲 Addition
NAME			4.2 N	IAME			
STREET ADDRESS	1		4.3 5	TREET ADDRESS			
CiTY-ST-ZIP	<u> </u>	Fibricae		DITY-ST-ZIP	<u> </u>	☐ Cha	ange
TITLE		DELETE		TITLE IAME		البا	- 100 1/01
NAME				STREET ADORESS			
STREET ADDRESS				CITY-ST-ZIP			
CITY-S1-ZIP TITLE		☐ DELETE		TITLE		☐ Ch	ange 🔲 Addition
NAME		_	6.21	NAME			
STHEFT ADDRESS	;		635	STREET ADDRESS			
CITY - ST - ZIP			6.4 (CITY-ST-ZIP	7-11-1-11-11-11-11-11-11-11-11-11-11-11-	O DZIOWAL Florida 6	Statutas I further
a de la	by actify that the information supplie	id with this filing is unjuntarily.	furnished and	l does not qualify	for the exemption stated in Section 11	9.U7(3)(K), Florida t	Statutes. Humner

. 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 cath; 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

SIGNING OFFICER OF DIRECTOR

Daytime Phone #