

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000004946 (9)**  
1. Corporation Name

Line item 40  
STATE FEE

**THE HOLLYWOOD ECONOMIC GROWTH CORPORATION**



Principal Place of Business: **2021 TYLER ST HOLLYWOOD FL 33020**  
Mailing Address: **2021 TYLER ST HOLLYWOOD FL 33020**

OK # 1299

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/03/1994	06/09/1995
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		65-0527355	Not Applicable
24 Zip		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when not stating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISCHLER, ABRAHAM S	1.2 NAME	Steven M. Cohn
STREET ADDRESS	3301 COLLEGE AVE	1.3 STREET ADDRESS	200 S. PARK RD
CITY-ST-ZIP	FT LAUDERDALE FL 33314	1.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNCANSON, HARRY	2.2 NAME	Holly Lerner
STREET ADDRESS	4000 HOLLYWOOD BLVD	2.3 STREET ADDRESS	3601 Washington St
CITY-ST-ZIP	HOLLYWOOD FL 33021	2.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINZ, SAMUEL A	3.2 NAME	Frank Sacco
STREET ADDRESS	2600 HOLLYWOOD BLVD	3.3 STREET ADDRESS	3501 Johnson St
CITY-ST-ZIP	HOLLYWOOD FL 33020	3.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENDELSON, LAURANS A	4.2 NAME	Samuel Fine
STREET ADDRESS	3000 TAFT ST	4.3 STREET ADDRESS	2600 Hollywood Blvd
CITY-ST-ZIP	HOLLYWOOD FL 33021	4.4 CITY-ST-ZIP	Hollywood FL 33020
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Michael Swardlow <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOEGLI, ROBERT	5.2 NAME	Director
STREET ADDRESS	5400 SHERIDAN ST	5.3 STREET ADDRESS	200 S. PARK RD
CITY-ST-ZIP	HOLLYWOOD FL 33021	5.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Dick Blathner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINCH, ALBERT	6.2 NAME	Director
STREET ADDRESS	4000 HOLLYWOOD BLVD #400N	6.3 STREET ADDRESS	2600 Hollywood Blvd
CITY-ST-ZIP	HOLLYWOOD FL 33021	6.4 CITY-ST-ZIP	Hollywood FL 33021

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: \_\_\_\_\_ DATE: 4/24/96 DAYTIME PHONE: 954-988-6289

CR2E037 (12/95)