

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

1. Corporation Name
HOLLYWOOD LAND & WATER COMPANY

FILED
Mar 07, 1996 08:00 A
Secretary of State



Principal Place of Business	Mailing Address
BARNETT BANK PLAZA ONE EAST BROWARD BLVD., STE 1101 FT LAUDERDALE FL 33301	BARNETT BANK PLAZA ONE EAST BROWARD BLVD., STE 1101 FT LAUDERDALE FL 33301

3. Date Incorporated or Qualified 04/08/1926		3a. Date of Last Report 05/01/1995	
4. FEI Number 59-6062806		Applied For	
		Not Applicable	
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

STOTZER, T.R.
200 SOUTH PARK ROAD, STE 200
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	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 (if not applicable)

NOTE: Registered Agent signature required when not stating:

1613

12 OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HORVITZ, W D	
STREET ADDRESS	ONE E BROWARD BLVD #1101	
CITY - ST - ZIP	FT LAUDERDALE FL	

TITLE	TD	<input type="checkbox"/> DEFER
NAME	KANE, F. E. M	
STREET ADDRESS	ONE E BROWARD BLVD #1101	
CITY, STATE	FT LAUDERDALE FL	

NAME	<div><input type="checkbox"/> BELFLE</div>
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> DELETE
--	---------------------------------

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

TITLE	<input type="checkbox"/> ONLINE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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	<input type="checkbox"/> Change	<input type="checkbox"/> 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 ☐ Add on
 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-STATE-ZIP

14. I do hereby certify that the information supplied with this form 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 607, Florida Statutes; and that my name 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

Din

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