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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 290388 (8)

1. Corporation Name

THE HOLLYWOOD BEACH HOTEL DEVELOPMENT CO., INC.



Principal Place of Business

1101 HILLCREST DRIVE
HOLLYWOOD FL 33021
US

Mailing Address

1101 HILLCREST DRIVE
HOLLYWOOD FL 33021
US

3. Date Incorporated or Qualified

03/02/1965

3a. Date of Last Report

06/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAMIAN, VINCENT
1101 HILLCREST DR
HOLLYWOOD 33021

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 of the applicant

(If filer is Registered Agent, signature required for filing)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/Chairman of the Board
NAME TOBIN, BEN
STREET ADDRESS 1101 HILLCREST DR.
CITY-ST-ZIP HOLLYWOOD FL

TITLE P
NAME TOBIN, HERBERT A.
STREET ADDRESS 1101 HILLCREST DR.
CITY-ST-ZIP HOLLYWOOD FL

TITLE VP
NAME TOBIN, STEVEN A.
STREET ADDRESS 1101 HILLCREST DR.
CITY-ST-ZIP HOLLYWOOD FL

TITLE Secretary
NAME DAMIAN, VINCENT
STREET ADDRESS 848 BRICKELL AVE.
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96 (954) 989-3000

CR2E034 (12/95)