PROFIT CCRPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 303385

HOLLYWOOD HILLS MOTOR LODGE, INC.

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Principal Place of Business Mailing Address											
4900 HOLLYWOOD BOULEVARD 4900 HOLLYWOOD BOULE				ARD							
HOLLYWOOD FL 33021		HOLLYWOOD FL 33021				DO NOT WRITE IN THIS SPACE					
						<u> </u>	Date Incorporated or Qualife				
						}_	03/28/1966				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		L	Apr	lied For	
21		26				<u>59-1157517</u>	17 Not Applic			Applicable	
Suite, Art.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 Acditional Fee Required			
City & State	9	City & State				6. Election Campaign Financing \$5.00 Nay Be				Vav Be	
23		28				Trust F and Contribution	' _□		dded to	1	
Zip Coun'ry		Zip	Zip Country				8. This corporation owes the current year Intangible				
24	25	29	30				Person al Property Tax.			[]No	
	9. Name and Address of Currer	Name and Address of Current Registered Agent		[10. Name and Address of New Regis			Agent		
				81	Name	е					
KRIEGER,H JEANNETTE 4930 HOLLYWOOD BLVD				82	2 Street Ad Iress (P.O. Box Number is Not Acceptable)						
	LYWOOD FL 33021										
TIVE	L11100D 1 L 000E1			83							
				84	City			FL	85	Zip C	ode
44 - D	to the provisions of Sections 607.050	32 and 607 1509 Elorida Stat	turns the s	hove	name	d compreti	ion submits this statement for th		chang	ing its i	registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	o Florida. Such change was	: authorize	d by	the corp	poration's	board of directors. I hereby acc	ept the appoi	ntment	as reg	istered
SIGNATURE											
	Signature, typed or printed name of registered age			Agen	t signature	e required wher		DATE	- DIE	FOTOI	
12.		OFFICERS AND DIRECTORS 13.					ADDITIC NS/CHANGES TO C	FFICERS IN		hange	Addition
TITLE	PD	☐ DELETE	1.1 TITLE							lariye	Addison
NAME			1.2 NAME								
STREET ADDRESS			1.3 S	1.3 STREET ADDRESS		s					
CITY-ST-ZIP	OLLYWOOD FL			1.4 CITY-ST-ZIP							
TITLE	**		. 2.1 T	2.1 TITLE						hange	☐ Addition
NAME	ARNEST, ROBERT		2.2 N	2.2 NAME							
STREET ADDRE 3S	5230 HOLLYWOOD BLVD		2.3 STREI		FADDRESS	s					i
CITY-\$T-ZIP	HOLLYWOOD FL				4 CITY-ST-ZIP		·				
TITLE	DELETE 31		31 T	31 TITLE					∐ CI	hange	☐ Addition
NAME	NOWAK,ELEANOR		3.2 N	AME							
STREET ADDRE 3S	4900 HOLLYWOOD BLVD.		3.3 S	TREET	FADDRESS	.s					
CITY-ST-ZIP	WITHEE WI		3.4 CITY-		T-ZIP						
TITLE		☐ DELETE	4,1 T	TLE					□ CI	hange	Addition
NAME			4.21	VAME							
STREET ADDRE 3S		43		4.3 STREET ADDRESS		is .					
CITY-ST-ZIP	4.4		4.4 0	4.4 CITY-ST-ZIP							
TITLE		☐ DELETE	51 TITLE							hange	Addition
NAME			5.2 N	AME							
STREET ADDRE 3S			5.3 S	TREET	TADDRESS	s					
CITY-ST-ZIP			5.4 C	ITY-SI	r-ZIP						
TITLE		DELETE	E 6.1 TITLE		1			C	hange	Addition	
NAME			6.2 N	AME							•
STREET ADDRESS			6.3 S	TREET	TADDRESS	s					
STREET ADDRESS						- 1					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attact ment with an address, with all other like empowered. CITY-ST-ZIP