

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **328651** (5)

1. Corporation Name  
**HOLLYWOOD WOODWORK, INC.**



Principal Place of Business: **1551 S. 30TH AVENUE HOLLYWOOD FL 33020**  
Mailing Address: **1551 S. 30TH AVENUE HOLLYWOOD FL 33020**

2. Principal Place of Business  
21 State Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25 Country  
26 2a. Mailing Address  
27 State Apt. #, etc.  
28 City & State  
29 Zip  
30 Country

3. Date incorporated or Qualified: **04/10/1968**  
3a. Date of Last Report: **06/23/1995**  
4. FEI Number: **59-1203360**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**DESMARAIS, YVES  
1551 S 30TH AVE  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DESMARAIS, YVES</b>	1.2 NAME	
STREET ADDRESS	<b>5400 THOROUGHBRED LANE</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>FT LAUD FL</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DESMARAIS, PAUL</b>	2.2 NAME	
STREET ADDRESS	<b>215 N 10 AVE</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>HOLLYWOOD FL</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DESMARAIS, GILLES</b>	3.2 NAME	
STREET ADDRESS	<b>3709 S LUNGFELLOW CIRCLE</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>HOLLYWOOD FL</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DESMARAIS, LUC</b>	4.2 NAME	
STREET ADDRESS	<b>65F5 WOODGATE CIRCLE</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>SUNRISE FL</b>	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is valid and true 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 supplementary 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 Book 12 or Book 13 if changed, on an attachment with an address.

SIGNATURE: *Yves Desmarais* **YVES DESMARAIS** *ALAN* *(305) 940-5004*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)