## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



| FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State | Apr 16 1997 8:00am<br>Secretary of State |
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| (5)  |  |

**FILED** 

|   | 1997   | DIVISION OF CO   | ORPORA                               | JIO               | NS                        |  |              |                                  |                                |  |
|---|--|--|--------------------------------------|-------------------|---------------------------|--|--------------|----------------------------------|--------------------------------|--|
| 1. Corporation  | MENT # 3297<br>HOOD DISCOUNT COR   | <b>\</b> /   |                                      |                   |                           |  | . <b></b>    | 14411 Maka Maka 1                | 5/ <b>0</b> /16 2 <b>4.0</b> 0 |  |
|   |  |  |                                      |                   |                           |  |              |                                  |                                |  |
| Principal Place of Business<br>2125 HOLLYWOOD BLVD.<br>P.O. BOX 384<br>HOLLYWOOD FL 33022 |  | Mailing Address<br>2125 HOLLYWOOD BLVD.<br>P.O. BOX 384<br>HOLLYWOOD FL 33020-6708                                       | 2125 HOLLYWOOD BLVD.                 |                   |                           |  |              |                                  |                                |  |
|   |  |  |                                      |                   |                           | 3. Date incorporated or Qualified 05/06/1968                                       | 1            | ate of Last Ro<br><b>23/1996</b> | eport                          |  |
|   | lace of Business   | 2a. Mailing Address  | <u></u>                              |                   | <del></del>               | 4. FEI Number  |              | Ap                               | plied For                      |  |
| Suite, Apt  | #, etc.  | Suite, Apt #, etc.   |                                      |                   | <del></del>               | 59-1426987   |              | \$8.75 A                         | t Applicable                   |  |
| 22  |  | 27   |                                      |                   |                           | Certificate of Status Desired  |              | Fee Re                           |                                |  |
| City & Stati  | Ü  | City & State   |                                      |                   |                           | 6. Election Campaign Financing Trust Fund Contribution                             |              | \$5.00<br>Added to               |                                |  |
| Zφ  | Country  | Zip  | Cour                                 | ntry              | <del></del>               | This corporation has liability for   | intangible   |                                  |                                |  |
| 24  | 25<br>9. Name and Address of C   |  | 30                                   |                   |                           | Florida Statutes  10. Name and Address of New R                                    | Yes          | No                               |                                |  |
| CUR   | TIS,EDWARD C   | Attent Hegistered Agent  | <del> </del>                         | 81                | Name                      | 10. Haine and Address of Hew N   | ağısıered    | Agent                            |                                |  |
|   | HOLLYWOOD BLVD.  |  | };                                   | B2                | Street Add                | dress (P.O. Box Number is Not Accepta  | ble)         |                                  |                                |  |
| HOL   | LYWOOD FL 33020  |  | L                                    | 83                |                           |  |              |                                  |                                |  |
|   |  |  | Ĺ                                    |                   |                           | ·····  |              |                                  |                                |  |
|   |  |  | ['                                   | 84                | City                      |  | FL           | 85 Zip (                         | Code                           |  |
| 11. Pursuant office or reagent La   | to the provisions of Sections 60<br>egistered agent, or both, in the<br>rii fami⊣ar with, and accept the   | 07.0502 and 607.1508, Florida Statute<br>State of Florida. Such change was all<br>obligations of, Section 607.0505, Flor | s, the ab<br>uthorized<br>rida Statu | ove<br>by<br>ites | -named cor<br>the corpora | rporation submits this statement for the ation's board of directors. I hereby acce | purpose o    | f changing its<br>cointment as   | s registered<br>registered     |  |
| SIGNATURE   | Standing type doe protect name of registr  |  |                                      |                   |                           | uired when reinstating)  | DATE         |                                  |                                |  |
| 12.   |  | RS AND DIRECTORS   | 13.                                  | Ager              | R Signature region        | ADDITIONS/CHANGES TO OFFI  |              | DIRECTOR                         | S IN 12                        |  |
| TITLE   | VD   | ☐ DELETE   | 1.1 (1)                              | LE                | 1                         |  |              | Change                           | Addition                       |  |
| NAME  | ROSSI, MARY ANN<br>762 S. GREENWOOD  |  | 1.2 NAI                              |                   | ADDOCCO                   |  |              |                                  |                                |  |
| STREET ACORESS  <br>CHY-ST-7-P  | KANKAKEE IL  |  | 1.3 STA<br>1.4 CfT                   |                   | ADDRESS                   |  |              |                                  | ŀ                              |  |
| TILE  | PO   | DELETE   | 2.1 TITI                             |                   |                           |  |              | Change                           | Addition                       |  |
| NAME  | CURTIS, EDWARD C   |  | 2.2 NA                               | ME                | ļ                         |  |              |                                  |                                |  |
| STREET ADDRESS  | 1302 FILLMORE ST<br>HOLLYWOOD, FL 00000  |  | 1                                    |                   | ADDRESS                   |  |              |                                  |                                |  |
| CITY - ST - ZIP<br>THLE   | SD SD  | DELETE   | 2. 4 CIT                             | _                 | I-ZIP                     |  |              | Change                           | Addition                       |  |
| NAME  | CURTIS, HENRIETTA G.   | <del>-</del> '''   | 3.2 NA                               |                   | 1                         |  | •            |                                  |                                |  |
| STREET ADDRESS  | 1302 FILLMORE ST.  |  | 33 STR                               | REET              | ADDRESS                   |  |              |                                  | ļ                              |  |
| CITY ST-7IF   | HOLLYWOOD FL   | TINCIPLE   | 34. CIT                              |                   | T-ZIP                     |  |              | Change                           | Adding                         |  |
| TUTLE<br>NAME   | TD<br>Curtis, James, A   | ☐ DELETE   | 4.1 Titl<br>4. 2 NA                  |                   |                           |  |              | Change                           | Addition                       |  |
| STREET ADORESS  | 570 SE 4TH CT  |  |                                      |                   | ADDRESS                   |  |              |                                  | Ì                              |  |
| City-St-ZiP   | DANIA FL   |  | 4.4 CIT                              |                   | 1                         |  |              |                                  |                                |  |
| TITLE   |  | ☐ DELETE   | 5.1 TIT                              |                   |                           |  |              | Change                           | Addition                       |  |
| NAME  |  |  | 5.2 NA                               |                   | 1                         |  |              |                                  |                                |  |
| STREET ADDRESS  |  |  |                                      |                   | ADDRESS                   |  |              |                                  | Ì                              |  |
| CITY+ST+ZIP<br>Tille  | A CONTRACTOR OF THE PROPERTY O | ☐ DELETE   | 5.4 CIT<br>6.1 TITU                  |                   | -ZIP                      | · · · · · · · · · · · · · · · · · · ·  |              | Change                           | Addition                       |  |
| NAME  |  | _ beter  | 62 NAI                               |                   |                           |  |              | v.mingo                          | - radition                     |  |
| STRELT ADDRESS  |  |  |                                      |                   | ADDRESS                   |  |              |                                  |                                |  |
| CHY-S1-Zin  |  |  | 6.4 CIT                              |                   |                           |  |              |                                  |                                |  |
|   | by certify that the information so   | upplied with this filing does not qualify  |                                      |                   |                           | ed in Section 119.07(3)(i), Florida Statut   | es. I furthe | r certify that                   | the                            |  |

The receipt carries the mormation supplied with this lining does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. This first the information inclicated 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