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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # 354609** 

(0)

## FILED Apr 18 1997 8:00am Secretary of State

1. Corporation Name PROSPECT HALL INC  Principal Place of Rusiness Mailing Address 2520 HOLLYWOOD BLVD. 2520 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 US  US  US										
							3. Date incorporated or Qualified 10/30/1969		ate of Last R /26/1996	eport
	Place of Business	<b>├</b>	2a. Mailing Address 26 Suite, Apt. #, etc.				4. FEI Number	<del></del>	<del>}</del>	oplied For
1 Suite, Ap	ol, #. etc.						59-1275125	-	Not Applicable \$8.75 Additional	
2		27					Certificate of Status Desired	X	Fee Re	
City & St	ale	<b>├</b> ──¬	State				6. Election Campaign Financing	F-7	\$5.00	
2(p)	Country	[28] Zip		Cou	intry	······································	Trust Fund Contribution		Added	
4	25	29		30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Curre		Agent	1001			10. Name and Address of New R			
	ORGHEM, FAISEL				B1	Name				
	20 HOLLYWOOD BLVD.					Street Add	ress (P.O. Box Number is Not Accepta	ble)		
HOLLYWOOD FL 33020					83	77-0				
								···	<del></del>	
					84	City		FL	85 Zip (	Code
<b>12.</b>	Styration typed or printip ratio of registered a OFFICERS A	ngent and title if applica IND DIRECTORS		1E: Registerer 13.		ent signature requ	ired when roinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AN	D DIRECTOR	RS IN 12
MAM	MORGHEM, FAISEL		1.2 NA		1.2 NAME					_
STREET ADORES	LICH WHOCH FI					ADDRESS				
CITY-S1-ZIF	PS PS		DELETE	1.4 Ci		ST-ZIP			Change	Addition
NAME	ASH, WEDAD			2.2 N/		-			L., Orkinge	Addition
STREET ADDRES	S 1144 ADAMS STREET					I ADDRESS				
CHTY - ST - ZIP	HOLLYWOOD FL				_	ST-ZIP				
70115			DELETE	3.1 TI					Change	Addition
NAMÉ CORCET ASSOCIA	4			3.2 N		T ADDRESS				
STREET ADDRESS CHTY- ST- 7(2)	,,					ST-ZIP				
DILL			DELETE	4.1 TI		-			Change	Addition
NAME				4.2 N	IAME					
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CHY-ST ZIF			☐ DELETE	4.4 CI 5.1 TI		ST-ZIP			Change	Additio
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C: 1Y - \$1 - ZIP						ST - ZIP				
THEF			DELETE	6.1 Ti	TLE				Change	Addition
NAME				6.2 N						
STREET ADDRESS	s			6.3 S	TREET	T ADDRESS				
City : St - ZiP	ì					ST-7IP				

14. I do 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 attachment with an address.

SIGNATURE:

FILE T. PLE THE SIGNING OFFICER OR E

4.15.97 (954)923-8100