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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

466747

(3)

1. Corporation Name HOLLYWOOD IRON WORKS, INC. Principal Place of Business 2313 SOUTHWEST 57TH TERRACE WEST HOLLYWOOD FL 33023 Mailing Address 2313 SOUTHWEST 57TH TERRACE WEST HOLLYWOOD FL 33023										
MEST HOLL	LIMOUP IE WORK						3. Date Incorporated or Qualified	3a.	Date of Last Re	
							12/27/1974	1	04/14/19	
Principal Place of Business 2a. Mailing Address							4. FEI Number		L	Applied For Not Applicable
26							59-1568943			Additional
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired	\Box		Required
* (City & State				6. Election Campaign Financing	F-1	\$5.00	May Be
3 28							Trust Fund Contribution			to Fees
Zip	Country		Zip	Country			8. This corporation has liability for Florida Statutes	intangib N. ITI N.	ole tax under s	199.032,
4	25	29	otorod Amont	30	T		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Curre	ent Hegis	stered Agent		81	Name	IA'			
CADAC	NELLI EDMECT			-	82	Ctroat Addr	ess (P.O. Box Number is Not Accepta	ble)		
CAPARELLI, ERNEST 3821 NW 92ND AVENUE					02	Street Addit	ess (.o. Ess volumes to test test test test test test test			
HOLLYWOOD FL					83					
HOLL	1100011			<u> </u>	84	City			85 Zij	o Code
							ation submits this statement for the pr d of directors. I hereby accept the ap		FL " ' '	
SIGNATURE	Signature, types or printed name of registered again	ent and title it	1 appicable (NO CTORS				d when renstating) ADDITIONS/CHANGES TO OF	DA	TE AND DIRECTO	
TITLE	PD		☐ DELETE	1. 1 TI					☐ Change	☐ Montion
NAME	CAPARELLI, ERNEST			1.2 NA						
STREET ADDRESS	3821 NW 92ND AVENUE			•		ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		☐ DELETE	1.4 CIT		1-ZIP			Change	☐ Addition
TITLE				22 NA						
NAME STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				2.4 CI						
TITLE			☐ DELETE	3. 1 1	TLE				. Change	Addition
NAME				3.2 NA	ME					
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THILE			- becer	6.2 N						
NAME STREET ADDRESS						ADDRESS				
				E 000						

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 eath; that I arn 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 NO TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96 954-962-0586