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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 556147 (7)

**FILED** Jan 22 1998 8:00am Secretary of State

Principal Place of Business Mailing Address  2131 HOLLYWOOD BLVD SUITE 508 HOLLYWOOD FL 33020  Mailing Address 2131 HOLLYWOOD BLVD SUITE 508 HOLLYWOOD FL 33020				DO NOT, WRITE IN T		
2. Principal P	lace of Business	2a. Mailing Address	<del></del>		12/28/1977 4. FEI Number	Applied For
21 26					59-1799130	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22 27					6. Certificate of Status Desired	Fee Required
		City & State	le .		6. Election Campaign Financing	<b>\$5.00</b> May Be
23				,	Trust Fund Contribution	Added to Fees
Zip 24 _	Country Zip Co		Country		<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	e current year Intangible
	9. Name and Address of Curre		1301	<del></del>	10. Name and Address of New Registe	
THORZ, MICHAEL S.				Name		
2131 HOLLYWOOD BLVD.				Caro ot A dala	(D.O. Day Myshas is Mad Assassishin)	
SUITE 508			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
HOLLYWOOD FL 33020			83			
			84	City		B5 Zip Code
				] '		FL
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, 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.						
•	in termal way, and accept the conf	janons of, occitor cor soco, i w	onda otatoto.	<b>.</b>		
SIGNATURE	Signature, typed or printed name of registered ac	gent and title if applicable. (NOT	E: Registered Age	nt signature requir	ed when reinstating) DA	ITE .
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD DELETE		1.1 TITLE			☐ Change ☐ Addition
NAME	OAGA HOLL WHOOD DIVID #500		1.2 NAME			
STREET ADDRESS	HOLLWOOD EI		1.3 STREET			
CITY-\$1-ZIP	ST DELETE		1.4 CHY-S	IT-ZIP		Change Addition
NAME	THORZ, FRANCES E.		2.1 TITLE			Circumpte Circums
STREET ADDRESS	2131 HOLLYWOOD BLVD.#	508	2.2 NAME	ADDRESS		}
]	HOLLYMOOD EL		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	3.1 T(TLE	31-71		Change Addition
NAME			3.2 NAME			
STREET ADDRESS	DRESS		3.3 STREET	ADDRESS		
CITY-ST-ZIP	IP		3.4. CITY-5			
TITLE	☐ DELETE		4.1 TITLE	··		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4 3 STREET	address		
CITY-ST-ZIP			4.4 CiTY-S	T-ZIP		
TITLE	DELETE		5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME !			6.2 NAME			}
STREET ADDRESS			6.3 STREET	ADDRESS		

14. I hereby certify that the information supplied with this filling 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:

01-06-98 (954)9229355