

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 23 PM 12: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 702357 (5)
1. Corporation Name
HOLLYWOOD TERRACE APTS, INC.

Principal Place of Business Mailing Address
**2325 GARFIELD ST APT 12A
HOLLYWOOD FL 33020-0446**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/28/1961	3a. Date of Last Report 03/07/1994
4. FEI Number 59-2750382	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**BOYDEN, CLARENCE A.
2325 GARFIELD
APARTMENT 15
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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.

SIGNATURE _____ (NOTE: Registered Agent Signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEPECOL, MARIO	1.2 NAME	D Gaspar Bouchard
STREET ADDRESS	2325 GARFIELD ST APT 11	1.3 STREET ADDRESS	2325 Garfield ST APT. 12
CITY - ST - ZIP	HOLLYWOOD FL	1.4 CITY - ST - ZIP	Hollywood FL
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYDEN, CLARENCE A.	2.2 NAME	
STREET ADDRESS	2325 GARFIELD ST. #15	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGRITE, ORLOFF	3.2 NAME	
STREET ADDRESS	2325 GARFIELD ST APT 12A	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREMBLAY, ARMAND	4.2 NAME	
STREET ADDRESS	2325 GARFIELD ST #14	4.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	4.4 CITY - ST - ZIP	
TITLE	DV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOVINARD, JULIEN	5.2 NAME	
STREET ADDRESS	2325 GARFIELD ST. #16	5.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Clarence A. Boyden PRES. MAR. 7 1995 (305) 925-6059
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date