


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90001 014 ****61.25

0021792

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

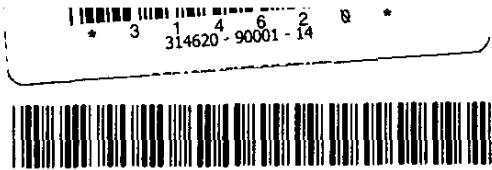
DOCUMENT # 712306

1. Corporation Name

HOLLYWOOD PLAYHOUSE, INCORPORATED

Principal Place of Business
 2640 WASHINGTON STREET
 HOLLYWOOD FL 33020

Mailing Address
 2640 WASHINGTON STREET
 HOLLYWOOD FL 33020



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/22/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1091904	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DONALD R. WALTERS 1401 UNIVERSITY DR SUITE 301 CORAL SPRINGS FL 33071		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, DONALD		1.2 NAME	WALTERS, DONALD	
STREET ADDRESS	1030 SW 46 AVE., #305		1.3 STREET ADDRESS	1030 SW 46 AVE #305	
CITY-ST-ZIP	POMPAHO BCH FL		1.4 CITY-ST-ZIP	Pompano Bch. FL 33069	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABBY, FRANK		2.2 NAME	BARRETT, RENEE	
STREET ADDRESS	2200 PARKLANE SUITE 305		2.3 STREET ADDRESS	1450 JEFFERSON ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33021		2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	TS	<input type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOSKIN, BRUCE		3.2 NAME	YOSKIN, BRUCE	
STREET ADDRESS	1685 NW 170 AVE		3.3 STREET ADDRESS	4859 NW 170th AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028		3.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	VICE PRESIDENT (V)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENFIELD, HOWARD		4.2 NAME	SILVERS, LOUIS	
STREET ADDRESS	5920 SW 36 TERRACE		4.3 STREET ADDRESS	18325 Collins AVE	
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP	SUNNY ISLES, FL 33160	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTI GARDNER		5.2 NAME	ANDREW ROGOW	
STREET ADDRESS	2502 EAGLE WATCH LANE		5.3 STREET ADDRESS	2640 WASHINGTON ST.	
CITY-ST-ZIP	WESTON FL		5.4 CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	MD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYRIDES, MARIANNE		6.2 NAME	PAWLOSKI, PAMELA	
STREET ADDRESS	2640 WASHINGTON STREET		6.3 STREET ADDRESS	4617 SW 35th AVE	
CITY-ST-ZIP	HOLLYWOOD FL		6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** 4/5/99 (954) 923 2623

CR2E037-(11/98)