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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731855** (3)

1. Corporation Name

HOLLYWOOD POWER SQUADRON, INC.



Principal Place of Business 7300 BAYE RD EXT APT 220 HOLLYWOOD FL 33024 US	Mailing Address 7300 BAYE RD. EXT APT 220 HOLLYWOOD FL 33024-2474 US
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3. Date incorporated or Qualified 02/13/1975	3a. Date of Last Report 02/08/1996
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2. Principal Place of Business 21 801 S. Federal Hwy. Suite, Apt. #, etc. 22 City & State 23 Hollywood, FL Zip 24 33020	2a. Mailing Address 26 801 S. Federal Hwy. Suite, Apt. #, etc. 27 City & State 28 Hollywood, FL Zip 29 33020 Country 30 USA
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4. FEI Number 59-4055692	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BACEN, STEPHEN F 7879 HOLLYWOOD BOULEVARD PEMBROKE PINES FL 33024	
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10. Name and Address of New Registered Agent	
81 Name Stephen Bacen	
82 Street Address (P.O. Box Number is Not Acceptable) 1112 N North Lake Dr.	
83	
84 City Hollywood	85 Zip Code FL 33019

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 _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SNOW, RICHARD H. 801 S. FEDERAL HWY HOLLYWOOD FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEPHENS, RAY 531 LESLIE DRIVE HALLANDALE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHELTON, GAICE M 2311 HAYES ST HOLLYWOOD FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THILL, JOHN F 2311 HAYES ST HOLLYWOOD FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Joe Polanco 429 N. Highlands Dr. Hollywood, FL. 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *Richard H. Snow* 1/29/97 934 920-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023750

CR2E037 (9/96)