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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

(9)

DOCUMENT # 732710

THE - HOLLYWOOD ALIXILIARY INC.

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ING - NOLLIW	OOD AUXILIANT, INC								
Principal Place of Busines	s	Mailing Address			I (##III) r#### IIII III III III III III III III	# # # #	16) MIMIT MIN	11 61611 1994	
1859 VAN BUREN STREET HOLLYWOOD FL 33020		1859 VAN BUREN STREET HOLLYWOOD FL 33020							
						3. Date Incorporated or Qualified 05/08/1975	3a. Date 02	03/199	5
Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For		
21 1859 VAR	BUREN ST	26 SAME			23-7291989	Not Applicable \$8.75 Additional			
Suite, Apt. #, etc.	<u>⊢</u> ¬	Suite, Apt. #, etc.			5. Certificate of Status Desired		T -	Additional equired	
22	<u> </u>	City & State			6. Election Campaign Financing		·-	May Be	
City & State 23 HOLLY 1900 (- FG	28 SAMÉ				Trust Fund Contribution		Added	
23 HOLLY 2000 (Country	Zip Country				8. This corporation has liability for intangible tax under s. 199.032,			
24 33020	25	29 SAME	. -			Florida Statutes 1 Yes No			
g, Nan	ne and Address of Current	Registered Agent		\Box		10. Name and Address of New R	egistered Ag	ent	
,,,,,				61	Name				
LIPTON, IDA				82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
2221 N. 41ST AVE.									
HOLLYWOOD FL			83				_		
				84	City		FL	85 Zip	Code
			a Aba aba		amed sores	ration submits this statement for the pur	nose of chang	ning its re	pistered office
or requetered appent	or both, in the State of Florida cept the obligations of, Section	n 617.0503, Florida Statutes.	י סווו צע טא	corp	oration's boa	and of directors. Thereby accept the appoint		٠.	~
SIGNATURE DA LIPTON TREASURER NOTE PROS					 	ed when reinstaling)	DATE	4/96	<u></u>
Signature, typ	sed or printed name of registered agent a		13.	Ager	t signature require	ADDITIONS/CHANGES TO OFF	ICERS AND E	HECTOF	S IN 12
12.	OFFICERS AND DIRECTORS DELETE			1.1 TITLE				Change	Addition
	N, ED MR.	_	1.2 N	1.2 NAME					1
	N 41ST AVE		1.3 STREET ADDRES		ADDRESS				İ
	HOLLYWOOD FL			1 4 CiTY-ST-ZIP					
TITLE TD		• DELETE	2 1 TITLE				L	Change	Addition
NAME LIPTO	n, ed Mrs		221	IAME					I
STREET ADDRESS 2221 I	N 41ST AVE				T ADORESS				
CITY-S1-ZIP HOLLY	WOOD FL	Financia			ST-ZIP		- -	Change	Addition
TITLE VD		DELETE		IITLE			L.,	1 Silvingo	
	BS, MINNIE			NAME STOCE	T ADDRESS				
1	E 12TH AVE								ļ
VIII	TOOLST CONTRACTOR		_	3.4 CITY-ST-ZIP 4.1 TITLE] Change	Addition
	-			4. 2 NAME					
	JACKSON ST.		43	STREE	T ADDRESS				
1	HOLLYWOOD FI		ı		ST-ZIP				
TITLE RS	F OCUETE -			TITLE] Change	Addition
	HELEN		5.2	NAME					
STREET ADDRESS 1333	E HALLANDALE BCH BL		1		T ADDRESS				
CITY-ST-ZIP HALL	ANDALE FL				ST-ZIP			Change	Addition
TITLE RS	A	DELETE		TITLE			L	Johange	FT vegunou
NAME FRAM	UCO, ALICE BE HALLANDA	E BEACH BLVD		NAME					
STREET ADDRESS [33]	Z E MALLANDA	CF - 11			ET ADDRESS				
CITY-ST-ZIP HA	LANDALE - TL-	2 5 0 0억 with this filling is voluntarily furn	6.4 nished an	e yiig d dox	es not qualify	for the exemption stated in Section 119	9.07(3)(k), Flor	ida Statut	es. I further

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). Horida 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR