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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F27101 1. Corporation Name

THE HOLLYWOOD FRAME PALACE, INC.

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Principal Place of Business Mailing Address			4 LAMBELDO SEED LEDIT CHANT LEMIC AND A LE	is dider åren drøm blen drøm dien løde	
3210 STIRLING ROAD		2100 S OCEAN DR			
C/O RICHARD D. GAENG HOLLYWOOD FL 33021		APT 12F		DO NOT WRITE IN THIS SPACE	
US		FT LAUDERDALE FL 33316 US		3. Date Incorporated or Qualifed	
00		00		03/19/1981	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2071553	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	.	·	\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zíp	Country	Zip	Country	8. This corporation owes the current y	ear Intangible
24	25	29 3	30	Personal Property Tax.	Maryes □No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regis	tered Agent
			81 Name	•	
GAENG, RICHARD D. 2100 S OCEAN DRIVE APT 12F			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
			0.0007.10	TAUTIESS (1.10. DOX NUMBER IS NOT ACCEPTED TO THE CONTROL OF THE C	
FTL	LAUDERDALE FL 33316		83	18. 43 14 14 14 14 14 14 14 14 14 14 14 14 14	· 10. 数4 28 数1. 49 20 60
			84 City		85 Zip Code
·					FL `
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State o	and 607.1508, Florida Statutes f Florida, Such change was auti	s, the above-named con horized by the corpora	rporation submits this statement for the purp- tion's board of directors. I hereby accept the	ose of changing its registered
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statutes.	,	
SIGNATURE				* * · · · · · · · · · · · · · · · · · ·	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	legistered Agent signature requi	red when reinstating) Di	ATE
12.		NUCCTARA	1 42	ADDITIONS/CHANGES TO OFFICE	DO AND DIDECTORS IN 42
		DELETE	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	P	DIRECTORS DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition
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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 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address, with all other like empowered. nan address, with all other like empowered

FILED

Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90014 028 ***150.00