FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	996	DIV	ISION OF COI		NS	_			
DOCUM 1. Corporation N	lame	0000085	59 (8)						
HOLLY	wood, inc. (Oakridge								
Principal Place of	f Business	Mailing Addre	ss			1 1011101 (114 10111 11111 11111 11111			
#200 200 SOUTH PARK ROAD HOLLYWOOD FL 33021 #200 PARK ROAD HOLLYWOOD FL 33021									
						- C. I - I - I - I - C. Willed	Tan Date	of Last Rep	001
HOLLIMOOD	1 FE 33021					3. Date Incorporated or Qualified 02/21/1994		14/26/19	95
2. Principal Plac	e of Business	2a. Mailing Ad	ddress			4. FEI Number 65-0479632		<u> </u>	pplied For lot Applicable
Suite, Apt. #,	etc.	Suite, Apl	Suite, Apt. #, etc.			5. Certificate of Status Desired	XX		Additional lequired
22		27				6. Election Campaign Financing			May Be
City & State		City & Sta	ue			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		Country		8. This corporation has liability for	intangible ta:	x under s	199.032,
24 ·	25	29		90		Florida Statutes Yes	XX No Registered A	Agent	
	9. Name and Address of Curre	ent Registered Age	nt	81	Name	TO. TERRITO MITO ACCUSED ON THE PROPERTY.			
ernt75	er, theodore r			82	Street Add	ress (P.O. Box Number is Not Acceptal	ole)		
200 SO	UTH PARK ROAD #200				Sileet Addr	ass (F.C. Box Hambor to Hot Focuptions)			
	WOOD FL 33021			83					,
				84	City		FL	85 Zip	Code
-11 6 11	the are delene of Coptions 607 050	02 and 607 1508 FI	orida Statutes	the above-r	named corpo	ration submits this statement for the pure of directors. Thereby accept the app	roose of cha	anging its re	egistered office
or registere familiar with	d agent, or both, in the State of Fic n, and accept the obligations of, Se			by the corp	oration's boa	ration submits this statement for the pour of directors. I hereby accept the app	Mintment as	registered	agent. Fam
SIGNATURE -	signature, typed or printed name of registered ag-	ent and title if applicable.	(NOTE:	Registered Ager	nt signature require	ed when reinstating)	DATE		50 11 40
12.	OFFICERS A	ND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OF		Change	Addition
TITLE	PCD	LJ	DELETE	1. 1 TITLE 1.2 NAME			•		
NAME	SWERDLOW, MICHAEL J 200 SOUTH PARK ROAD	#200		1.3 STREE	I ADDRESS				
STREET ADDRESS CITY+ST-ZIP	HOLLYWOOD FL	* 200		1.4 CITY - 5	Į.				
TITLE	EVP		DELETE	2. 1 TITLE		_ ,	Ι	Change	Addition
NAME	ZOHN, FRANK			22 NAME					
STREET ADDRESS	200 SOUTH PARK ROAD	, #200		1	T ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		DELETE	2.4 CITY 3. 1 TITLE				Change	Addition
TITLE NAME	svp\$ stotzer, theodore r		- ****	3.2 NAME					
STREET ADDRESS	200 SOUTH PARK ROAD	, #20 0		3 3. STREE	T ADDRESS				
City-St-ZiP	HOLLYWOOD FL			3.4 CITY -		9000018	וון בי	(See 100	Addition
TITLE	VPT	[DELETE	4. 1 TITLE		-04/30/3601	.043n	116	L. 7.00-000
NAMÉ	IAMMATEEO, MARIE C	1900		4.2 NAME	T ADDRESS	***208.75	0		
STREET ADDRESS	200 SOUTH PARK RD, # HOLLYWOOD FL	-200		4.3 STREE	1				
CHY-S1-ZIP TITLE	HOLLINOOD IL	Ĺ	DELETE	5. 1 TITLE				Change	☐ Addition
NAME				5.2 NAME			i	1.01	N-al-
STREET ADDRESS					T ADDRESS		r	YO	5 70
CITY-ST-ZIP			1 nci ete	5.4 CITY- 6 1 TITLE				□ Cha	Addition
TITLE		L] DELETE	6.2 NAME					•
NAME CONTENT ADDRESS				1	ET ADDRESS				
STREET ADDRESS		1		4					12 15
14. I do hereb	L by certify that the information supplied	ed with this filing is	Auntarily furnis	led and do	es not qualify	for the exemption stated in Section 1	9.07(3)(k), Fl ne same lega	iorida Statu al effect as	ites. I further if made under
certify that oath; that appears in	t the information indicated on this a I am an officer or director of the co n Block 12 or Block 13 if changed	or on an attachmen	iver or trustee with an addye	empowered iss.	i to execute t	of for the exemption stated in Section 1 rate and that my signature shall have the this report as required by Chapter 607,	Florida Statu	ites; and th	iat my name

SIGNATURE:

SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Description of the true of the true

(954) 981-1000 Daytinie Phone # 3/27/96 Date

CR2E034 (12/95)