

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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98 APR 20 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001975
1. Corporation Name: **FOSTER'S HOLLYWOOD, INC.**

Principal Place of Business: **14499 North Dale Mabry #230 Tampa, FL 33618**
Mailing Address: **3959 Van Dyke Rd #392 Lutz, FL 33549**

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

97-98

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		April 21, 1995	
Suite, Apt #, etc		Suite, Apt #, etc.		4. FEI Number	
22		27		59-3314901	
City & State		City & State		5. Certificate of Status Desired	
23		28		A \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	□ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
Richard A. Jacobson 501 East Kennedy Blvd. Suite 1700 Tampa, FL 33602				□ Yes □ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Richard A. Jacobson 501 East Kennedy Blvd. Suite 1700 Tampa, FL 33602				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				300002469093--2			
				83			
				-04/23/98--01123--024			
				***1517.50 ***758.75			
				84 City			
				FL			
				85 Zip Code			
				4/14/98			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4/14/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE: <input type="checkbox"/> DELETE NAME: President, Secretary & Treasurer STEVEN K. WINCEN STREET ADDRESS: 3959 VAN DYKE RD #392 CITY-ST-ZIP: LUTZ, FL 33549				<input type="checkbox"/> Change <input type="checkbox"/> Addition 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP			
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:				<input type="checkbox"/> Change <input type="checkbox"/> Addition 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP			
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:				<input type="checkbox"/> Change <input type="checkbox"/> Addition 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP			
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:				<input type="checkbox"/> Change <input type="checkbox"/> Addition 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP			
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:				<input type="checkbox"/> Change <input type="checkbox"/> Addition 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP			
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:				<input type="checkbox"/> Change <input type="checkbox"/> Addition 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP			

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 12 or Block 13 if changed.

SIGNATURE: *[Signature]* DATE: 4/29/98 (813) 908-0394

CR2E034 (10/97)