**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90151 026 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathorine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F95000001975

FOSTER'S HOLLYWOOD, INC.

Principal Place	e of Business	Mailing Address			
14499 NORTH	DALE MABRY HIGHWAY	3959 VAN DYKE ROAD. #39	2		
SUITE 230		LUTZ FL 33549			
TAMPA FL 33618				DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualifed	
				04/24/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3314901	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>	- O. Wester of Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	ntangible
24	25	<b>⊢</b> ¬ '	30	Personal Property Tax.	☐Yes ☐No
	9. Name and Address of Current		<del></del>	10. Name and Address of New Registered	Agent
	5. Hallo alla Aladi ess er Galfolic	registered rigerie	81 Name	10.110	7
JAC	OBSON, RICHARD A		$\mathcal{N}$	TANGEL H. DUTAN	1d
	E. KENNEDY BLVD., SUITE 1700		82 Street Address (P.Q. Box Number is Not Acceptable)		
	PA FL 33602		30/2	7 Yellow FINCHE	-4/·
17111	1 A 1 E 3300E		83	,	•
1			84) City /	·	85 Zip Code
			14 on Z	リナス FI	L 33549
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose of	f changing its registered
office or r	enistered agent or both in Affie State o	i Florida. Suich channe was aut	thorized by the comorati	an's board of disasters. I beroky account the appro-	intment as renistered - !
	as formilla. Lith and account the California	- of Carting COMPETE Clare	de Ctetutes	oirs board or directors. I hereby accept the appl	Sillanent as registered
agent. I a	m familiar with, and accept the coligation	es of, Section 607,0505, Florid	da Statutes.	on's board of directors. I hereby accept the appo	190
agent. I a	CAJanver C. H	wand		JANYARY 1, 19	199
SIGNATURE	Manual Country of Page 11 August 12	and title if applicable. (NOTE: F	Registered Agent signature require	JANYARY J DATE	199
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	Registered Agent signature røquire	JANYARY 1, 19	IND DIRECTORS IN 12
SIGNATURE  12. TITLE	Signatulo, typed or printed name of registered agent OFFICERS AND PST	and title if applicable. (NOTE: F	Registered Agent signature require  13. 1.1 TITLE	JANYARY J DATE	199
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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 receives or trustee emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the receiver Block 12 or Block 13 if changed, or on an attachm

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF LICER OR DIRECTOR

□ DELETE