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

PROFIT CORPORATION



FLOR:DA DEPARTMENT OF STATE Sandra B Mortham

ANNUAL REPORT  1996		Secretary of State  DIVISION OF CORPORATIONS						
DOCUMENT #	F95000	00001976 (8)						
FOSTER'S HOLLYWOOD SYSTEMS, INC.								
Principal Place of Business		Mailing Address						
14499 NORTH DALE MABRY HIGHWAY. SUITE 230 TAMPA FL 33618		14499 NORTH DALE MABRY HIGHWAY. SUITE 230 TAMPA FL 33618						
Procinal Place of Business		2a. Mailing Address						



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Principal Place of Business Mailing Address							
14499 NORTH DALE MABRY HIGHWAY. SUITE 230 TAMPA FL 33618		14499 NORTH DALE MABRY HIGHWAY. SUITE 230 TAMPA FL 33618					
					3. Date Incorporated or Qualified 04/24/1995	3a. Date of Last Report	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
1		26			APPLIED FOR 59-3		Not Applicable
Suite, Apt. #	, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required
2		City & State			6. Election Campaign Financing		5.00 May Be
City & State		28			Trust Fund Contribution		dded to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	intangible tax und	ers 199.032,
<u> </u>	25	29	30		Florida Statutes 🔲 Yes	. 🔲 No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	legistered Agent	
			81	Name			
WINEGAF	r, steven k		82	Street Addre	ess (P.O. Box Number is Not Acceptate	ole)	
	ORTH DALE MABRY HIGHWA, SI	JITE 230					
TAMPA F			83				
			84	City		85	Zip Code
				·	ation submits this statement for the pu	FL	
SIGNATURE _	Sgnature, typed or probatical is of replaced agent OFFICERS ANI	DIRECTORS	NOTE: Rug seven Agent 13.	Sugmathard Februaries	ADDITIONS/CHANGES TO OFF		
TITLE	PSTD	DELETE	1 1 T TLE			☐ Cha	unge
NAME	WINEGAR, STEVEN K		1.2 NAME				
STREET ADDRESS	14499 NORTH DALE MABRY I	HIGHWAY, SUITE 230	1.3 STREET #	ACIORESS			
CITY - ST - ZIF	TAMPA FL 33618	☐ DELETE	1.4 C)TY - ST 2 1 Tilt E	ZW		☐ Cha	ange 🗍 Addition
TITLE		T DELEVE	2 2 NAME				. ф.
NAME			2.3 STAFET	ADDRESS			
STREET ADDRESS			2.4 Cily-S1	İ			
DITY - ST - ZIP		DELETE	3 1 fift			☐ Cha	ange 🔲 Addition
NAME		_	3.2 NAME	ļ			
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4 CITY - ST	r - ZIP			
THTLE		☐ DELETE	4 1 TIFLE			Cha	ange 🔲 Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
City - St - ZiP	LA CALLES	PR ACTOR	4.4 CiTY - SI	T - ŽIP		F7 06	ange Addition
TITLE		DELETE	. 5 1 1iluf			☐ Cha	ange 🗀 Kaanton
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET				
CITY-ST-ZIF		Finalesc	5 4 C(T) - S	T - 20°	1000010	2000	ange
TITLE		DELETE	6.1701.6		1000018 -06/24/9601	ოლილა ი23ი27	/
NAME			6.2 NAME	ADOGGOOD	***225.00	UED 1061	<b>x</b> .
STREET ADDRESS			63 STREET		*** <u>*</u> CCD:UU		W.
CITY - ST - ZIF			64 CITY - S	ZIP		0.02/20b) Florida 9	Crot. too   LANS

14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 cath; that I am an officer or director of the corporation or the receiver or trusted 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, or on an attachment with an address.

SIGNATURE: STEVEN K. WINEGAR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SPREER OR DIRECTOR

5/27/96

\$13-%9-/748 Daytime Phone #

CR2E034 (12/95)