	MENT # F950000		PROFIT CORPORATION NNUAL REPORT 1996 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						
	n Name	05838							
HOLI	LYWOOD, INC. (BRI	CKELL)							
Principal Place			Address						
200 S.	neodore R. Stotze: . Park Road	2	00 S. Par	rk Road	Stotzer, I	, Esq.			
** 44 4			Suite 200 Hollywood, FL 33021			3. Date Incorporated or Qualified 11/29/1995	Qualified 3a. Date of Last Report		
2. Principal Pla	ace of Business	2a , Ma	lling Address	,	3021	4. FEI Number		<u> </u>	Applied For
Suite, Apt. #	#, etc.	26 Sui	te, Apt. #, etc.			65-0624075		60.7	Not Applicable
City & State		27				5. Certificate of Status Desired	KX.		5 Additional Required
23		28	y & State			Election Campaign Financing Trust Fund Contribution		Adde	00 May Be ed to Fees
Zip 24	Country 25	Zip 29		30 Cour	ntry	8. This corporation has liability for Florida Statutes Section Yes	intangible tax	under s	199.032,
	9. Name and Address of Cu	rrent Registere	d Agent		B1 Name	10. Name and Address of New F		gent	
11. Pursuant to	o the provisions of Sections 607.0	0502 and 607 150	08 Florida Statul	too the abou	84 City	oration submits this statement for the pur	FL	Щ.	p Code
familiar with	ed agent, or both, in the State of (h, and accept the obligations of, t				orporation's boa	ration submits this statement for the pur ard of directors. I hereby accept the app	pose of char pintment as ri	ging its i egistered	registered office i agent. I am
	Stgnature typed or printed name of registered			OTE: Registered A	gent signature require	ed when reinstating)	DATE		
TITLE	PST	AND DIRECTOR	S DELETE	13.	ı F	ADDITIONS/CHANGES TO OFF		DIRECTO Change	DRS IN 12 Addition
NAME	Swerdlow, Michae		_	1.2 NA				Ollarige	DRS IN 12
STREET ADDRESS CITY-ST-ZIP	200 S. Park Road, Suite 200			1.3 STREET ADDRESS					
TITLE	Hollywood, FL 3	3021	DELETE	2 1 TIT				Change	Addition
NAME STREET ADDRESS				2.2 NAM	1				_
CITY-SI-ZIP				1	EET ADDRESS '-ST-ZIP				
TITLE			DELETE	3 1 TIT				Change	☐ Addition
NAME STREET ADDRESS				3 2 NAN	·]				
CITY-ST-ZIP					EET ADDRESS -ST-ZIP	EDODOLOG			
TITLE			DELETE	4. 1 TiTi			4317	Change	Addition
NAM(STREET ADDRESS				4.2 NAM		***208.75	,, ,,,	•	
CITY-ST-ZIP					ET ADDRESS - ST-ZIP				
TITLE			DELETE	5 1 TITE				Change	Addition
NAME:				5.2 NAM	i				
TREET ADDRESS					ET ADDRESS -ST-ZIP				
STREET ADDRESS CITY+ST-ZIP			DELETE	6 1 TITL				Change	Addition
CITY-ST-ZIP					_			\neg	
CITY-ST-ZIP TITLE NAME				62 NAM			LI-	4 7	-961
CITY-ST-ZIP UTLE NAME STREET ADDRESS				63 STRE	ET ADDRESS		N	3()	396
CITY-ST-ZIP ITLE VAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby	certify that the information supplies the information indicated on this a am an officer or director of the co	ed with this filing	is voluntarily fur g i	63 STRE	ET ADDRESS -ST-ZiP	or the exemption stated in Section 119.0 te and that my signature shall have the s s report as required by Chapter 607, Flo	7(3)(k). Florid	a Statur	296 es. I further