Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

ANNUAL REPORT
1998

FILED
98 MAY -7 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000000029 (5)

1. Corporation Name
DOVA OF HOLLYWOOD G.P., INC.

Principal Place of Business
6000 MEADOWBROOK MALL, SUITE 27
CLEMMONS NC 27012

Mailing Address
6000 MEADOWBROOK MALL, SUITE 27
CLEMMONS NC 27012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/02/1997

4. FEI Number: 56-2004240 ☐ Applied ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fee

8. This corporation owes or has paid the current year tangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
BUTT, JEFFREY D
201 E. KENNEDY BLVD, SUITE 1000
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		
TITLE	CT	☐ DELETE
NAME	ANGELL, DON G	
STREET ADDRESS	6000 MEADOWBROOK MALL, SUITE 27	
CITY ST ZIP	CLEMMONS NC 27012	
TITLE	P	☐ DELETE
NAME	ANGELL, D. GRAY JR	
STREET ADDRESS	6000 MEADOWBROOK MALL, SUITE 27	
CITY ST ZIP	CLEMMONS NC 27012	
TITLE	V	☒ DELETE
NAME	MACY, F. FRANK JR	
STREET ADDRESS	6000 MEADOWBROOK MALL, SUITE 27	
CITY ST ZIP	CLEMMONS NC 27012	
TITLE	S	☒ DELETE
NAME	DAILEY, VALERIE	
STREET ADDRESS	6000 MEADOWBROOK MALL, SUITE 27	
CITY ST ZIP	CLEMMONS NC 27012	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
1.1 TITLE	S	☐ Change ☒ Addition
1.2 NAME	SUSAN BJERKE	
1.3 STREET ADDRESS	6000 MEADOWBROOK MALL, SUITE 27	
1.4 CITY ST ZIP	CLEMMONS NC 27012	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

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****150.00 ****150.00

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, or on an attachment with an address.

SIGNATURE: ______ 4-30-98 336-766-5666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #