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

PROFIT. CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # F9700001929

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90007 022 ***158.75

HOLLYW	/OOD, INC. (CSC)								
Dissipal Diss	of Business	Mailing Address							
Principal Place of Business Mailing Address 200 S.PARK RD #200 200 S.PARK RD #200 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021							DO NOT WRITE IN TI	ile enace	
						}	3. Date Incorporated or Qualifed	115 SPACE	
							04/14/1997		į
2 Principal Pl	lace of Business	2a, Mailing Address				•	4. FEI Number	ΙΔ	pplied For
21	lace of business	26	,				65-0749198		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired XX	\$8.75	Additional equired
City & State	e	City & State					6. Election Campaign Financing	\$5.00	May Be
23	•	28					Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry			8. This corporation owes the current year	Intangible	
24	25	29	30				Personal Property Tax.	X X∕es	□No
	9. Name and Address of Curren	11					10. Name and Address of New Register	ed Agent	
				81	Name				
STOZER, THEODORE R				82	Street A	ddres	s (P.O. Box Number is Not Acceptable)		
200 S.PARK RD., #200				62 Street Addr			(.c. box Hallipsi is Not Assoptable)		
HOLLYWOOD FL 33021				83					
				84	City			. 85 Zip	Code
				1	•			' L '	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	iuthorized	i by t	-named or the corpor	orpora ration'	ation submits this statement for the purpose s board of directors. I hereby accept the ap	of changing its pointment as re	s registered egistered
SIGNATURE	Stgnature, typed or printed name of registered ager	. (NOTI	- Dooistared	Acont	t eignatura rea	nuited in	nen reinstating) DATE	=	\
12.	<u> </u>	D DIRECTORS	13.	Agon	t signature req	quii eu w	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	PDC	☐ DELETE	1,1 10	TLE				Change	☐ Addition
NAME	SWERDLOW, MICHAEL J		1.2 N	WE					
STREET ADDRESS	200 S.PARK RD., #200		1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CI	TY-ST	-ZIP		•	-	
TITLE	V	☐ DELETE	2.1 TIT				A MARINE S A S A S A S A S A S A S A S A S A S	☐ Change	☐ Addition
NAME	ZHON, FRANK		2.2 NA	ME					
STREET ADDRESS	200 S PARK RD, SUITE 200	•	2.3 ST	REET	ADORESS		•		
CITY-ST-ZIP	HOLLYWOOD FL 33021			ITY-ST				•	
TITLE	VS	☐ DELETE	3.1 TIT					☐ Change	☐ Addition
NAME	STOTZER, THEODORE R		3.2 NA	3.2 NAME			•		
STREET ADDRESS	200 S PARK RD, SUITE 200		3.3 ST	REET.	ADDRESS				1
CITY-ST-ZIP	HOLLYWOOD FL 33021	ė	3.4. CI	ITY-ST	Γ-ZIP				
TITLE		☐ DELETE	4.1 TI	TLE				☐ Change	☐ Addition
NAME	,		4. 2 N	AME					ļ
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 CF	TY-ST	-ZIP	·			
TITLE		☐ DELETE	5.1 TT	TLE			·	☐ Change	☐ Addition
NAME			5.2 NA	AME				:	
STREET ADDRESS	· :		5.3 ST	REET	ADDRESS				1
CITY-ST-ZIP				TY-ST	-ZIP			· .	
TITLE		☐ DELETE	6.1 TT					☐ Change	Addition
NAME			6.2 NA	AME					
STREET ADDRESS	•		6.3 ST	REET	ADDRESS				

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 ecclurate 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 trastee 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

April 28, 1999

981-1000