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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F97000004585

1. Corporation Name

HOLLYWOOD, INC. (CROSS COUNTY)

Principal Place	e of Business	Mailing Address	iling Address				18119 MAIST BEST ART	(1) 8 8 (1) (4 (4)	18187 8111 7881
200 S. PARK R	ID #200	200 S. PARK RD #200				,			
HOLLYWOOD F	L 33021	HOLLYWOOD FL 33021				. DO NOT	WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qui		OF ACE	
					08/29/1997				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	plied For
21		26			65-0775754			t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desir	red XX	\$8.75 A	
22		27						<u> </u>	
City & State	9	City & State				Election Campaign Finar Trust Fund Contribution	ncing	\$5.00 Added t	
Zip	Country	Zip Country				8. This corporation owes the	o current year l		01003
24	25	<u> </u>	30			Personal Property Tax.	s content year i	XXYes	□No
	9. Name and Address of Current		301			10. Name and Address of I	New Registere	d Agent	
. =		<u>v</u>	81	Na	ame				
STOTZER, THEODORE R			82	St	root Addres	ss (P.O. Box Number is Not A	ccentable)		
200 S. PARK RD #200			02		reet Addres				
HOLLYWOOD FL 33021			83						
	· · · · · ·	•	84	Ci	itu	· · · · · · · · · · · · · · · · · · ·		. 85 Zip (Code
	,				•		F	L	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. 					med corpor corporation	ration submits this statement for 's board of directors, I hereby	or the purpose accept the app	of changing its ointment as re	registered gistered
SIGNATURE	<u> </u>						DATE		
12.	Signature, typed or printed name of registered agen OFFICERS AN		13.	it sign:	ature required v	when reinstating) ADDITIONS/CHANGES T		AND DIRECTO	RS IN 12
TITLE	CPD	DELETE	1.1 TITLE			7,00,110,10,10,10,10,10	0 011102101	☐ Change	Addition
NAME	SWERDLOW, MICHAEL J		1.2 NAME						1
STREET ADDRESS			1.3 STREET ADDRESS		RESS				
CITY-\$T-ZIP	HOLLYWOOD FL 33021		1.4 CITY-ST-ZIP						
TITLE	V DELETE		2.1 TITLE					☐ Change	☐ Addition
NAME	ZOHN, FRANK								
STREET ADDRESS	000 0 DADY DD #000			T ADDI	RESS				
CITY-ST-ZIP	HOLLYWOOD FL 33021		2. 4 CITY-ST-ZIP		,				
TITLE	VS DELETE		3.1 TITLE					☐ Change	Addition
NAME	STOTZER, THEODORE R		3.2 NAME						
STREET ADDRESS	200 S. PARK RD #200		3.3 STREET ADDRESS		RESS				
CITY-ST-ZIP	HOLLYWOOD FL 33021		3,4. CITY-S	3.4. CITY-ST-ZIP					
TITLE	V □ DELETE		4.1 TTLE					☐ Change	☐ Addition
NAME	ATZMON, SIDNEY		4, 2 NAME						
STREET ADDRESS	·		4.3 STREET ADDRESS		RESS				
CITY-ST-ZIP	HOLLYWOOD FL 33021		4.4 CITY-ST-ZIP		\bot			C) 05	☐ Addition
TITLE	V	☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME	LEBLANC, ROGER		5.2 NAME					•	
STREET ADDRESS 200 S. PARK RD #200			5.3 STREET 5.4 CITY-ST						
CITY-ST-ZIP	HOLLYWOOD FL 33021			ı-ZIP				Change	Addition
			6.1 TITLE						

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 any 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

IAMMATTEO, MARIE

200 S. PARK RD #200

HOLLYWOOD FL 33021

April 28, 1999

(954) 981-1000

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

05-04-1999 90007 023 ***158.75