

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 08, 1999 8:00 am  
Secretary of State

03-08-1999 90082 019 \*\*\*150.00

DOCUMENT # H29076

1. Corporation Name  
HOLLYWOOD COMPRESSOR SERVICE, INC.

Principal Place of Business  
5507 S.W. 25 CT.  
P.O. BOX 8589  
PEMBROKE PINES FL 33084

Mailing Address  
5507 S.W. 25 CT.  
P.O. BOX 8589  
PEMBROKE PINES FL 33084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1984

4. FEI Number

59-2523666

Applied For

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 Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNIEBES, FRIEDA M.  
6460 GRANT CT.  
HOLLYWOOD FL 33023

81 Name FRIEDA KNIEBES m

82 Street Address (P.O. Box Number is Not Acceptable)

6408 Dewey ST

83

84 City Hollywood

FL

85 Zip Code 33024

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME KNIEBES, FRIEDA M.  
STREET ADDRESS 6460 GRANT CT.  
CITY-ST-ZIP HOLLYWOOD FL

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME FRIEDA KNIEBES  
1.3 STREET ADDRESS 6408 Dewey ST  
1.4 CITY-ST-ZIP Hollywood FL 33024

TITLE VD ☐ DELETE  
NAME KNIEBES, GAYLORD  
STREET ADDRESS 6460 GRANT CT.  
CITY-ST-ZIP HOLLYWOOD FL

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME KNIEBES GAYLORD  
2.3 STREET ADDRESS 6408 Dewey ST  
2.4 CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-23-99

Date

Daytime Phone #

CR2E034 (11/98)

0142837