

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H99797** (3)
1. Corporation Name
HOLLYWOOD MOBILE ESTATES SERVICE CORPORATION



Principal Place of Business Mailing Address
31550 NORTHWESTERN HWY #200
FARMINGTON HILLS MI 48334

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

3. Date Incorporated or Qualified **02/17/1986** 3a. Date of Last Report **02/17/1995**
4. FEI Number **58-1667957** 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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
ROSEN, MARVIN
222 LAKEVIEW AVE
SUITE 800
W PALM BCH FL 33401
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 _____ (Signature typed or printed name of registered agent and to whom applicable) (Date) _____ (Date)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **PARTRICH, SPENCER M.**
CITY-ST-ZIP **31550 NORTHWESTERN HWY**
FARMINGTON HILLS MI
14 NAME ☐ Change ☐ Addition
15 STREET ADDRESS
16 CITY-ST-ZIP
TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SHAPIRO, MICKEY**
CITY-ST-ZIP **31550 NORTHWESTERN HWY**
FARMINGTON HILLS MI
17 NAME ☐ Change ☐ Addition
18 STREET ADDRESS
19 CITY-ST-ZIP
TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **TYNER, HERBERT**
CITY-ST-ZIP **24700 W 12 MILE RD**
SOUTHFIELD MI
20 NAME ☐ Change ☐ Addition
21 STREET ADDRESS
22 CITY-ST-ZIP
TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HARTMAN, BERNARD**
CITY-ST-ZIP **24700 W 12 MILE RD**
SOUTHFIELD MI
23 NAME ☐ Change ☐ Addition
24 STREET ADDRESS
25 CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SPENCER M. PARTRICH PRESIDENT

8/4/30/96

810-851-2700

CR2E034 (12/95)