

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

FILED

Feb 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
**31550 NORTHWESTERN HWY #200  
FARMINGTON HILLS MI 48334**

Mailing Address  
**31550 NORTHWESTERN HWY #200  
FARMINGTON HILLS MI 48334-2532**

3. Date Incorporated or Qualified  
**02/17/1986**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

4. FEI Number  
**58-1667957**

Applied For  
☐ Not Applicable

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

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

City & State  
**23**

City & State  
**28**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

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  
**HOMISCO INCORPORATION INC.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**222 LAKEVIEW AVE.**

83  
**SUITE 800**

84 City  
**WEST PALM BEACH, FL**

85 Zip Code  
**33401**

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 a resident of the State of Florida.  
**HOMISCO INCORPORATION INC.**

SIGNATURE By: **Marvin S. Rosen, President** 2/12/97  
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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARTRICH, SPENCER M.	1.2 NAME	
STREET ADDRESS	31550 NORTHWESTERN HWY	1.3 STREET ADDRESS	
CITY - ST - ZIP	FARMINGTON HILLS MI	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, MICKEY	2.2 NAME	
STREET ADDRESS	31550 NORTHWESTERN HWY	2.3 STREET ADDRESS	
CITY - ST - ZIP	FARMINGTON HILLS MI	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYNER, HERBERT	3.2 NAME	
STREET ADDRESS	24700 W 12 MILE RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	SOUTHFIELD MI	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, BERNARD	4.2 NAME	
STREET ADDRESS	24700 W 12 MILE RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	SOUTHFIELD MI	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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, on an attachment with an address.

SIGNATURE: **SPENCER M. PARTRICH** 2/1/97 810-RS1-2700  
Signature and typed or printed name of signing officer or director. (NOTE: Registered Agent signature required when reinstating) Date Daytime Phone #

CR2E034 (9/96)