

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 FEB 10 AM 9:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/17/1986**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

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	Country
24	Country	29	Zip
25		30	

9. Name and Address of Current Registered Agent
HOMISCO INCORPORATION INC.
222 LAKEVIEW AVE.
SUTIE 800
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
 81 Name: **CORPORATION SERVICE COMPANY**
 82 Street Address (P.O. Box Number is Not Acceptable): **1201 HAY3 STREET,**
 83 **SUITE 105**
 84 City: **TALLAHASSEE** FL 85 Zip Code: **32301**

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 BY: **Karen B. Rozar, As Its Agent** 2-9-98
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARTRICH, SPENCER M.	
STREET ADDRESS	31550 NORTHWESTERN HWY	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAPIRO, MICKEY	
STREET ADDRESS	31550 NORTHWESTERN HWY	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TYNER, HERBERT	
STREET ADDRESS	24700 W 12 MILE RD	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARTMAN, BERNARD	
STREET ADDRESS	24700 W 12 MILE RD	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 *****150.00 *****150.00

562-10-98

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.

CR2E034 (10/97)