FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 PM 2:45

DOCUMENT # K20126 (4)

1. Corporation Name

TOWN AND COUNTRY OF HOLLYWOOD, INC.

Principal Place of Business	Mailing Address
250 N. FEDERAL HWY. HALLANDALE FL 33009	1750-A ELLSWORTH LANE BLVD. ATLANTA GA 30318 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/05/1988
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 58-1786545 ☐ 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

SCHWARTZ, JOSEPH L.
4040 SHERIDAN STREET
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	11 TITLE	DV	☐ Change ☑ Addition
NAME	ROBBINS, JEFFREY	12 NAME	Howard Liff	
STREET ADDRESS	250 N. FEDERAL HWY.	13 STREET ADDRESS	250 N. Federal Hwy	
CITY-ST-ZIP	HALLANDALE FL	14 CITY-ST-ZIP	Hallandale fl 33009	
TITLE	DP	21 TITLE	DP	☒ Change ☐ Addition
NAME	GREENSPAN, STEVE	22 NAME	Robbins, Jeffrey	
STREET ADDRESS	250 N. FEDERAL HWY.	23 STREET ADDRESS	250 N. Federal Hwy	
CITY-ST-ZIP	HALLANDALE FL	24 CITY-ST-ZIP	Hallandale, fl 33009	
TITLE	DS	31 TITLE		☐ Change ☐ Addition
NAME	RUBEN, PAUL	32 NAME		
STREET ADDRESS	250 N. FEDERAL HWY.	33 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL	34 CITY-ST-ZIP		
TITLE	DV	41 TITLE		☐ Change ☐ Addition
NAME	Howard Liff	42 NAME		
STREET ADDRESS	250 N. Federal Hwy	43 STREET ADDRESS		
CITY-ST-ZIP	Hallandale, fl	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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.

SIGNATURE: _____ 3-22-95 (407-351-1989)
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone # DS/0

03000047 FP