

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 26 PM 3:20

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

3. Date Incorporated or Qualified

04/05/1988

3a. Date of Last Report

03/08/1995

2. Principal Place of Business

21 250 N Federal Hwy
Suite, Apt. #, etc.

2a. Mailing Address

26 Same
Suite, Apt. #, etc.

4. FEI Number

58-1786545

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

22 City & State

23 Hallandale
Zip Country

27 City & State

28 Florida
Zip Country

24 33009

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

Daytime Telephone or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 TITLE DV NAME LIFF, HOWARD STREET ADDRESS 250 N. FEDERAL HWY CITY - ST - ZIP HALLANDALE FL 12.2 TITLE DV NAME ROBBINS, JEFFREY STREET ADDRESS 250 N FEDERAL HWY CITY - ST - ZIP HALLANDALE FL 12.3 TITLE DS NAME RUBEN, PAUL STREET ADDRESS 250 N. FEDERAL HWY. CITY - ST - ZIP HALLANDALE FL	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY - ST - ZIP 13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY - ST - ZIP 13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY - ST - ZIP 13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY - ST - ZIP 13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 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 617, 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

Date

Daytime Phone #