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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K57540 1. Corporation Name

ASSOCIATED LEASING OF HOLLYWOOD, INC.

Principal Place of Business Mailing Address				• • • • • • • • • • • • • • • • • • • •	- I JEMINIS ENI NIIIK INNN MISII MINIK ANIK ANIK ANIK	i Athit Billi Aibit nini eisti ion	ı
% WALTER C. DICKINSON C/O WALTER DICKINSON 2326 HOLLYWOOD BLVD 3345 BRIDLE PATH LANE HOLLYWOOD FL 33020 WESTON FL 33331				DO NOT WRITE IN THIS SPACE			
;		U\$			 Date Incorporated or Qualifed 01/11/1989 		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	_
21		26			59-2928627	Not Applicabl	-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	_
23		28			Trust Fund Contribution	Added to Fees	_
Zip	Country	Zip	Country	у	8. This corporation owes the current year li	ntangible □ Yes XNo	
24	9. Name and Address of Curren	29 29 Agent	30		Personal Property Tax. 10. Name and Address of New Registered		_
	9. Hairie and Address coodiner		81	Name	70.		
DIC	(INSON, WALTER C.	rangent temp	82	Street Addre	ess (P.O. Box Number is Not Acceptable)	4 .	-
ASS 2326 HOLLYWOOD BLVD				10. Dox prompted to the company of the the company			
HUL	LYWOOD FL 33020-4997		83	3			1
	•		84	City		85 Zip Code,	_
A 1 . FOR 1 . P.	A 15 CONTRACTOR OF CONTRACTOR	22 and 607 1609. Elorido Statut	toe the above	(e-named com/	oration submits this statement for the purpose of	of changing its registered	_
* Office or i	enictered agent or both in the State	of Florida, Such change was a	uthorized by	/ the corporatio	n's board of directors. I hereby accept the app	ointment as registered	
agent I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Fig.	orida Statutes	S.	•	·	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered Age	ent signature required	when reinstating):		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLE	l l		☐ Change ☐ Additi	_
NAME .			1.1 IIILL			Change Li Addia	on
10-011L .	DICKINSON, WALTER C.	☐ DECETE	1.2 NAME		. 4.411 	Cliquide Dyadus	on
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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, with all other like empowered.

6.4 CITY-ST-ZIP

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90047 016 ***150.00