

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. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 DEC -6 PM 12: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

DOCUMENT # L31476 (9)

1. Corporation Name

HOLLYWOOD DESIGNS, INC.

Principal Place of Business

Mailing Address

340 CIRCLE DRIVE  
MAITLAND FL 32751  
US

KATHLEEN S GREENE  
4625 E LAKE DR  
WINTER SPRINGS FL 32708

3. Date Incorporated or Qualified  
11/20/1989

3a. Date of Last Report  
05/11/1995

2. Principal Place of Business

2a. Mailing Address

21 4625 E LAKE DR

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 City & State

27 City & State

23 WINTER SPRINGS FL

28

Zip

Country

Zip

Country

24 32708

25 USA

29

30

4. FEI Number

59-2989309

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

9. Name and Address of Current Registered Agent

GREENE, KATHLEEN S  
4625 E LAKE DR  
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is No. 000002825708-2

83 -12/11/96--01025--022

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

*Kathleen S. Greene*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11-26-96

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME GREENE, KATHLEEN S  
STREET ADDRESS 4625 E LAKE DR  
CITY - ST - ZIP WINTER SPRINGS FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

*Kathleen S. Greene*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-1-96

Date

407-629-5050

Daytime Phone #

CR2E034 (3/96)