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Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L31476

(9)

1. Corporation Name
HOLLYWOOD DESIGNS, INC.



Principal Place of Business
**4625 E. LAKE DR.
 WINTER SPRINGS FL 32708
 US**

Maining Address
**%KATHLEEN S GREENE
 4625 E LAKE DR
 WINTER SPRINGS FL 32708-4608**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Maining Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

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

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 607.0907 and 607.1408, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person filing this report (must be a director or officer)

Signature of the registered agent (must be a resident of Florida)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
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TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
 12 NAME
 13 STREET ADDRESS

14 CITY-ST-ZIP Change Addition
 21 TITLE
 22 NAME

23 STREET ADDRESS Change Addition
 24 CITY-ST-ZIP
 31 TITLE
 32 NAME

33 STREET ADDRESS Change Addition
 34 CITY-ST-ZIP
 41 TITLE
 42 NAME

43 STREET ADDRESS Change Addition
 44 CITY-ST-ZIP
 51 TITLE
 52 NAME

53 STREET ADDRESS Change Addition
 54 CITY-ST-ZIP
 61 TITLE
 62 NAME

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 to an attachment with an address.

SIGNATURE: *Kathleen S Greene* **KATHLEEN S GREENE Director 3/18/97 407 496-4100**

CR25034 (9/96)