SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # M09798 (3)

1. Corporation Name

HOLLYWOOD BEACH RESORTS, INC.

Principal Place of Business

2333 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

Mailing Address

% WEISSMAN, LICHTMAN & DERVISHI, P.A.
3109 STIRLING ROAD, SUITE 101
FT. LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 3300 N. SURF ROAD
Suite, Apt #, etc: 22 #1
City & State: 23 HOLLYWOOD, FL
Zip: 24 33019 Country: 25 USA

2a. Mailing Address: 26 c/o CHARLES H. LICHTMAN & ASSOCIATES, P.A.
Suite, Apt #, etc: 27 1200 S. PINE ISLAND ROAD SUITE 100
City & State: 28 PLANTATION, FL
Zip: 29 33324 Country: 30 USA

3. Date Incorporated or Qualified: 01/09/1985
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-2490120 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent

LICHTMAN, CHARLES H., ESQ.
3109 STIRLING ROAD
SUITE 101
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name: LICHTMAN, CHARLES H., ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND ROAD
83 SUITE 100
84 City: PLANTATION FL 85 Zip Code: 33324

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 Charles H. Lichtman 6/13/95

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	WOLCZIK, HORST A.
STREET ADDRESS	~~2333 HOLLYWOOD BLVD~~
CITY ST ZIP	~~HOLLYWOOD FL 33020~~
TITLE	VSD
NAME	WOLCZIK, CARMEN
STREET ADDRESS	~~2333 HOLLYWOOD BLVD.~~
CITY ST ZIP	~~HOLLYWOOD FL~~
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES

1.1 TITLE	P; D	[X] Change [ ] Addition
1.2 NAME	WOLCZIK, HORST A.	
1.3 STREET ADDRESS	3300 N. SURF ROAD, #1	
1.4 CITY ST ZIP	HOLLYWOOD, FL 33019	
2.1 TITLE	V; S; D	[X] Change [ ] Addition
2.2 NAME	WOLCZIK, CARMEN	
2.3 STREET ADDRESS	3300 N. SURF ROAD, #1	
2.4 CITY ST ZIP	HOLLYWOOD, FL 33019	
3.1 TITLE	Assistant Secretary	[ ] Change [X] Addition
3.2 NAME	LICHTMAN, CHARLES H.	
3.3 STREET ADDRESS	1200 S. PINE ISLAND ROAD, SUITE 100	
3.4 CITY ST ZIP	PLANTATION, FL 33324	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

CR2E034 (3/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles H. Lichtman 6/13/95 (305)424-9910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Charles H. Lichtman, Assistant Secretary — Date — Daytime Phone #

0074221 CP