

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2: 35

DOCUMENT # **M38393** (8)

1. Corporation Name
SWSENS OF HOLLYWOOD HILLS, INC.

Principal Place of Business Mailing Address
4770 HOLLYWOOD BLVD **4770 HOLLYWOOD BLVD**
HOLLYWOOD FL 33021 **HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/15/1986** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2715145		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
23		28		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAO SALMAN AFTAB 4470 HOLLYWOOD LVD HOLLYWOOD FL 33021				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 _____ (Signature of current registered agent and Florida agent)
DATE _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DUGAN, MOHAMMAD H. DELETE	1.2 NAME	RAO, SALMAN AFTAB
1.3 STREET ADDRESS	4770 HOLLYWOOD BLVD.	1.3 STREET ADDRESS	4770 HOLLYWOOD Blvd
1.4 CITY, ST, ZIP	HOLLYWOOD FL	1.4 CITY, ST, ZIP	HOLLYWOOD, FLA, 33021
2.1 TITLE	S	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RASHID, MOHAMMAD H. DELETE	2.2 NAME	RAO, SALMAN AFTAB
2.3 STREET ADDRESS	4770 HOLLYWOOD BLVD	2.3 STREET ADDRESS	4770 HOLLYWOOD Blvd
2.4 CITY, ST, ZIP	HOLLYWOOD FL	2.4 CITY, ST, ZIP	HOLLYWOOD, FLA, 33021
3.1 TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP		3.4 CITY, ST, ZIP	
4.1 TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP		4.4 CITY, ST, ZIP	
5.1 TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP		5.4 CITY, ST, ZIP	
6.1 TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and that, not equally for the information stated in Section 199.03(1)(a), 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 earlier than that of 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 in Block 14 if attached with an address.

SIGNATURE: _____ DATE: 1/12/95
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ DATE: 305-987-1989