

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jun 04 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 # M81002

(1)

1. Corporation Name
4111 HOLIDAY CORP., INC.

2945 Flamingo Dr.

Principal Place of Business
~~4111 SOUTH OCEAN DR.~~
~~HOLLYWOOD FL 33019~~

2945 FLAMINGO DR.
MIAMI BEACH, FL 33140-3916

Mailing Address

4111 SOUTH OCEAN DR.
HOLLYWOOD FL 33019-3011

2945 FLAMINGO DR.
MIAMI BEACH, FL 33140-3916

2. Principal Place of Business

21 2945 Flamingo Dr.

Suite, Apt. #, etc.

22 City & State
23 Miami Beach, FL

24 Zip
33140

25 Country
USA

2a. Mailing Address

26 2945 Flamingo Dr.

Suite, Apt. #, etc.

27 City & State
28 Miami Beach, FL

29 Zip
33140

30 Country
USA

3. Date Incorporated or Qualified
05/16/1988

3a. Date of Last Report
04/16/1996

4. FEI Number
65-0058112

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

GENET, EVELYN
~~4111 S. OCEAN DRIVE~~
~~HOLLYWOOD FL 33019~~

S. MICHAEL GENET
2945 FLAMINGO DR.
MIAMI BEACH, FL.
33140-3916

10. Name and Address of New Registered Agent

81 Name
S. MICHAEL GENET
82 Street Address (P.O. Box Number is Not Acceptable)
2945 FLAMINGO DR.
83 MIAMI BEACH, FL 33140
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 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 the corporation's board of directors or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/10/97
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
GENET, EVELYN
~~4111 S. OCEAN DR.~~ 2945 FLAMINGO DR.
HOLLYWOOD FL MIAMI BEACH, FL 33140-3916

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GENET, EVELYN
2945 FLAMINGO DR.
~~4111 S. OCEAN DR.~~ MIAMI BEACH
HOLLYWOOD FL FL 33140-3916

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2945 Flamingo Dr.
MIAMI Beach, FL 33140

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
2945 FLAMINGO DR.
MIAMI Beach, FL 33140

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition

14. I do 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.

SIGNATURE
Evelyn Genet

5/10/97 25-12-1122

CR2E034 (9/96)