

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90087 022 \*\*\*\*61.25

0021998

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000004946**

1. Corporation Name

**HOLLYWOOD BUSINESS COUNCIL, INC.**

Principal Place of Business

**330 N FEDERAL HWY  
HOLLYWOOD FL 33020  
US**

Mailing Address

**330 N FEDERAL HWY  
HOLLYWOOD FL 33020  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/03/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0527355	
24 Country		30 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	

**9. Name and Address of Current Registered Agent**

**COHN, ALAN B  
2021 TYLER ST  
HOLLYWOOD FL 33020**

**10. Name and Address of New Registered Agent**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHLER, ABRAHAM S	1.2 NAME	
STREET ADDRESS	3301 COLLEGE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33314	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, SYLVIA	2.2 NAME	Casey, Daniel A.
STREET ADDRESS	330 N FEDERAL HWY	2.3 STREET ADDRESS	201 S. Biscayne BLVD #200
CITY-ST-ZIP	HOLLYWOOD FL 33020	2.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINZ, SAMUEL A	3.2 NAME	
STREET ADDRESS	2600 HOLLYWOOD BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDELSON, LAURANS A	4.2 NAME	
STREET ADDRESS	3000 TAFT ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITVIN, STUART L	5.2 NAME	
STREET ADDRESS	330 N FEDERAL HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, STEVEN M	6.2 NAME	
STREET ADDRESS	300 S PARK RD 4TH FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)